

**BIRTH CONTROL NURSING IN
THE MARIE STOPES MOTHERS'
CLINICS 1921-1931**

Pauline Brand

A thesis submitted in partial fulfilment of
the requirements for the degree of

Doctor of Philosophy

De Montfort University

November 2007

Abstract

The provision of contraceptive services has been identified as one of the most important developments in primary care. Although the history of the birth control movement is well documented, the contribution made to the provision of services by nurses and midwives and the actual development of their role, is conspicuous by its absence. Similarly, the history of nursing has tended to ignore the work of those at the “*sharp*” end of practice. This thesis addresses both lacunae by investigating the work of the midwife-nurses in the Marie Stopes’ Mothers’ Clinics; focusing on the London and the Caravan Clinics between 1921 and 1931.

The aims of the study were; to trace the historical development of birth control nursing within the Marie Stopes Mothers’ Clinic locating it in its social, political, medical, professional and legal contexts; to determine the lay and medical perspectives which influenced the development of birth control nursing within the Marie Stopes Mothers’ Clinics.

This historical study uses primary archival and secondary sources supplemented by a modified prosopographical technique and oral history interviews, to provide a distinctive record of the role undertaken by the midwife-nurses in the first birth control clinic in Britain.

The role of the midwife-nurses was unique, providing what was arguably the first nurse-led birth control service in this country. In exploring the expansion of the service, the thesis exposes previously unexplored links between Lamberts, a commercial

organisation, Abertillery Hospital and the Stopes' clinics. An exploration of the planning and development of the Caravan Clinics uncovers the way in which the service operated and the difficult conditions experienced by the midwife-nurses. Three issues of relevance to the history of nursing and contemporary practice are also revealed; the way in which the role was established; how the training for nurses working in the field of contraception and sexual health evolved; and the identification of the roots of sexual health outreach services.

The consequences of a disagreement between Stopes and the National Birth Control Council (NBCC) produced two distinct approaches to the delivery of care and the role of the staff. The traditional handmaiden approach continued in clinics under the auspices of the NBCC. The use of the speculum acted as a means to maintain the dominance of the medical profession, a situation that continued well into the 1990s.

The thesis argues that had Stopes and her organisation remained within the amalgamated organisation, she may have inculcated her nurse-led approach into the work of these other clinics, with a subsequent impact on the role and training of nurses and midwives throughout the ensuing decades.

Studying this group of midwife-nurses provides insight into the realities of clinical practice within what was, at the time, a controversial area of practice. The study has contributed to a wider appreciation of the history of both nursing and birth control while also revealing the links to contemporary clinical practice in the field of sexual health.

Acknowledgements

Many people deserve an acknowledgement for the part they have played in bringing this thesis to fruition. The first is Silvia Ham-Ying. In 1992 her request that I write a course for family planning nurses unwittingly triggered an interest in the contribution of nurses and midwives to the birth control campaign; it was this that set me on the path to this thesis.

During the course of the thesis I have been very fortunate to have Professor Lorraine Culley and Dr. Stephanie Kirby as my supervisors. The advice, assistance and encouragement they have given me during the research and writing of this thesis has been invaluable. I am also indebted to a number of colleagues from the RCN History of Nursing Society, the UK Centre for the History of Nursing and Midwifery and the Colloquium for History of Nursing Research, for their continued encouragement and support; in particular Helen Sweet, Claire Chatterton, Christine Hallett, Duncan Mitchell, Susan McGann and Edith Parker.

Writing a thesis alongside everyday work is a demanding task which inevitably also impacts on those closest to you. Special thanks are thus extended to my family Tim Claire and Kathryn who have sustained and supported not only this thesis but all my previous academic efforts.

Dedicated to my father William (Bill) Andrews
1928-2006

Table of Contents

Tables and Figures	vi
List of Tables	vi
List of Figures	vii
Introduction	1
	The structure and referencing system adopted for the thesis
	6
	<i>Referencing</i>
	10
	<i>Conclusion</i>
	10
Chapter One	Research methods, sources and problems
	13
	Philosophical debates in history
	14
	<i>Women’s history</i>
	15
	<i>Other influences on historical accounts</i>
	16
	<i>The history of nursing</i>
	16
	<i>Access, selection and use of the sources</i>
	17
	<i>Defining primary and secondary sources</i>
	18
	<i>Secondary sources</i>
	18
	<i>Primary sources</i>
	19
	<i>Selection and content of primary sources</i>
	21
	The Wellcome Contemporary Medical Archives Collection
	22
	<i>Private papers of Marie Charlotte Stopes</i>
	22
	<i>Records relation to the Family Planning Association</i>
	22
	<i>And those of Margery Spring Rice</i>
	22
	<i>Records of the Health Visitors Association</i>
	23
	The British Library Manuscript Collection
	23
	<i>The Marie Stopes papers</i>
	23
	National Archives Kew
	23
	<i>Records relating to Marie Stopes</i>
	23
	<i>Records of the Ministry of Health</i>
	24
	<i>Records of the General Nursing Council</i>
	24
	<i>Records of the Central Midwives Board</i>
	24
	Birmingham Central Library Local Studies
	25
	<i>The records of the Birmingham Settlement</i>
	25
	Contemporary books and periodicals
	25
	Newspapers
	26
	Individual accounts using oral testimony
	26

	<i>The development of the use of oral testimony</i>	26
	<i>Sampling for oral history</i>	28
	<i>Conducting the interviews</i>	29
	<i>Issues of validity</i>	30
	Prosopography and nominal record	
	Linkage technique	30
	Biography	33
	Ethical issues	33
	Conclusion	35
Chapter Two	Literature review	41
	Introduction	41
	Nursing and midwifery	43
	<i>History of nursing</i>	44
	<i>History of midwifery</i>	51
	Birth control historiography	55
	Women's history	60
	The attitude of the users and providers	62
	Conclusion	65
Chapter Three	Context-The background to the birth control movement	72
	Introduction-the early campaigners	72
	<i>Thomas Malthus</i>	72
	<i>Francis Place</i>	73
	<i>Richard Carlile</i>	74
	<i>Charles Knowlton and the Bradlaugh-Besant trial</i>	75
	<i>The Malthusian League</i>	77
	<i>The feminists</i>	78
	The attitude of the churches	80
	Eugenics	81
	Fertility decline, politics and the population question	84
	<i>Infant and maternal mortality</i>	86
	Abortion	88
	<i>Abortion before 1803</i>	88
	<i>Recognition by the state</i>	89
	The Central Midwives Board (CMB)	92
	<i>Qualifications recognised by the CMB 1902</i>	93
	Conclusion	94

Chapter Four	Joyous and deliberate motherhood established	100
	Introduction	100
	Marie Stopes the individual	103
	<i>Early years</i>	104
	<i>Academic background</i>	105
	<i>Personal/married life</i>	107
	<i>Eugenic ideals</i>	116
	<i>Feminist influences</i>	118
	Patterns of use of birth control	120
	<i>Conditions for women and social mores</i>	121
	<i>Politics and birth control</i>	125
	The Mothers’ Clinic, the Stopes’organisation and employees	129
	<i>The Mothers’ Clinic</i>	129
	<i>The Queen’s Hall meeting</i>	134
	<i>The Society for Constructive Birth Control</i>	134
	<i>The Birth Control News</i>	136
	The midwife-nurses	137
	<i>Maud Hebbes</i>	139
	<i>Gwendolen Roberts</i>	141
	<i>Rosina Penney Thompson</i>	142
	<i>Gertrude Maggie Thompson and Elizabeth Thom Latter</i>	145
	<i>Angela Rosamund Griffiths</i>	147
	<i>The medical staff</i>	149
	<i>The receptionist and secretary</i>	149
	Conclusion	150
 Chapter Five	 Expanding the access to the service	 163
	Introduction	163
	Expanding and relocating the Mothers’ Clinic	165
	<i>Lamberts</i>	165
	<i>Lilian Scanell</i>	167
	<i>Maude Hargreaves</i>	169
	<i>E.G.Davies</i>	169
	Abertillery-the first hospital-based birth control clinic	170
	<i>Naomi Jones</i>	172
	The development of the Caravan Clinic	176
	<i>The origins of the travelling clinic</i>	177
	<i>Caravan design</i>	182
	<i>Fundraising for the Caravan Clinic</i>	185
	<i>Working life in the Caravan Clinic</i>	187

	Publicity and Networks	188
	Staffing the Caravan	193
	<i>Applications to work in the Caravan Clinic</i>	196
	<i>Emily Ethel Birkett</i>	198
	<i>Marion Cook</i>	198
	<i>Ellen Williams</i>	199
	<i>Ada Shears</i>	200
	<i>Charlotte O.B. Fowles</i>	200
	Conclusion	202
 Chapter Six	 Life and work in the Mothers' and Caravan Clinics	
	1921-1931	212
	Introduction	212
	The <i>modus operandi</i> of the clinic	215
	<i>Contraceptive methods offered</i>	216
	<i>Training for the role of midwife-nurse in the</i>	
	<i>Stopes' Clinics</i>	219
	<i>Birth control and training for doctors</i>	225
	<i>Access to birth control services</i>	228
	<i>Delivery of the birth control service</i>	231
	<i>Services delivered outside the Stopes' Clinics</i>	233
	The impact of the abortion laws on the work	
	of the clinics	237
	<i>Speeches, pamphlets and books as a</i>	
	<i>means for opposing abortion</i>	238
	<i>Abortion and the law</i>	239
	<i>The incidence of abortion</i>	245
	<i>'Requests' for abortion directed to</i>	
	<i>Stopes and the midwife-nurses</i>	249
	Proselytising	252
	<i>The speakers and the contribution</i>	
	<i>of the midwife-nurses</i>	253
	<i>The meetings</i>	254
	Clerical tasks	256
	The work on the Caravan Clinic	257
	<i>Overview of the life on the Caravan Clinic</i>	257
	<i>The facilities on the Caravan Clinic</i>	258
	<i>Numbers accessing the Caravan Clinic</i>	259
	Support and Opposition	261
	Routes and distances	267
	Conclusion	276

Chapter Seven	Rapport, relationships and opinions	289
	Introduction	289
	Spying and subterfuge	290
	<i>Exploring the work of other clinics</i>	291
	Encounters with the law	296
	<i>Contracts</i>	298
	Relationships	299
	<i>Relationships between the midwife-nurses</i>	303
	Opinions	304
	<i>Voices of the Profession</i>	305
	Conclusion	306
 Chapter Eight	 Conclusion	 312
	Introduction	312
	Social, political, medical, professional, and legal influences	313
	<i>Social</i>	313
	<i>Political</i>	314
	<i>Medical</i>	315
	<i>Professional</i>	316
	<i>Legal</i>	316
	The part played by the midwife-nurses	318
	<i>The role of the birth control midwife-nurses</i>	319
	<i>How did the nursing and midwifery profession view the specialism and the nurses and midwives working within it?</i>	321
	Limitations	322
	Further Research	323
	Contribution to knowledge	324
	<i>The link to contemporary practice</i>	325
 Appendices		
	1. Steps and questions for evaluating primary sources.	329
	2. RCN Oral History Project- Interview Schedule	330
	3. RCN Oral History Project Copyright Agreement and Deposit Instructions	331
	4. Biographies of oral history respondents	332

Bibliography	335
---------------------	------------

Tables and Figures

Tables

3.1.General fertility rate: live births per 1000 women aged 15-44.	85
3.2 Comparative fertility 1911. Number of children ever born to married woman 1911, by social class of husband (at 20-25 years duration of marriage, age in 1911 less than 45). Standardised.	85
3.3 Numbers of midwives appearing on the CMB Roll and those notifying intention to practice 1923 and 1930.	94
4.1 Details of the first cohort of midwife-nurses employed in the Mothers' Clinic 1921-1926	148
5.1 Details of the midwife-nurses employed at Lamberts	173
5.2 Details of Naomi Jones, midwife-nurse employed in the Abertillery Hospital Birth control clinic and later in the second cohort of midwife-nurses in the Mothers' Clinics.	174
5.3 Details of the second cohort of midwife-nurses employed in the Mothers' Clinics 1927-1931.	203
6.1. Percentage of abnormal and difficult cases of those attending the Clinic.	233
6.2 Deaths attributed to or associated with abortion in England and Wales, 1926-1937. Criminal Abortion (Inquest cases only).	247

Figures

4.1 *‘Married Love. A new contribution to the solution of sex difficulties’.*
By Marie Carmichael Stopes. The title page. 111

4.2 Marie Carmichael Stopes. 113

4.3 The exterior of the original Mothers’ Clinic in Holloway Road. 131

4.4 The lamp logo for the Mothers’ Clinic. 132

4.5 The Reception room of the original Mothers’ Clinic in Holloway 133

5.1 Gentleman Gypsies at a roadside halt some time before the First World War. 181

5.2 Photograph of the Caravan Clinic and one of the midwife-nurses circa 1928. 195

5.3 Marie Stopes with four of the midwife-nurses circa 1920s. 199

6.1 Various designs of cervical caps 217

6.2 The remains of the Caravan Clinic following the arson attack in 1927 265

6.3 Routes taken by the Caravan Clinic 1927 268

6.4 Routes taken by the Caravan Clinic 1928 269

6.5 Routes taken by the Northern based Caravan Clinic 1929 270

6.6 Routes taken by the Southern based Caravan Clinic 1929 271

6.7 Routes taken by the Northern based Caravan Clinic 1930 272

6.8 Routes taken by the Southern based Caravan Clinic 1930 273

6.9 Routes taken by the Northern based Caravan Clinic 1931 274

6.10 Routes taken by the Southern based Caravan Clinic 1931 275

Introduction

The provision of contraceptive services is identified as one of the most important developments in primary health care and a triumph for the birth control activists.¹

The impetus for this study developed while I was lecturing and practising as a family planning nurse. While preparing a session on the history of birth control, it became apparent that although the historiography of the birth control movement itself was well documented, the contribution made by nurses and the emergence of the new clinical specialism of birth control nursing had not been explored. Yet it is salutary that it is over 20 years since Maggs suggested that there was a need for micro historical studies in nursing which would offer an insight into those nurses who worked at “*the sharp end of practice*”, a view supported by Church and Mortimer.² Nurses who worked within the specialism of “*birth control*” certainly fulfilled this criterion.³ Historically birth control itself was associated with immorality and faced hostility from across a wide spectrum of society.⁴

The work that I undertook for my MSc dissertation that explored the training offered by the Family Planning Association (FPA) before the inception of family planning services in the NHS in 1974, confirmed that nurses were largely absent from the historiography of birth control.⁵ From information which I had gained from my initial forays into the Stopes’ Papers in the Wellcome Contemporary Medical Archives Collection (CMAC), it also appeared that the type of work undertaken by nurses in the FPA, where the medical discourse dominated, contrasted sharply with that undertaken by nurses in the Stopes’ clinics some years earlier. How could it be that nurses were practising in such different ways? This also seemed to have some resonance with my current experiences

in practice when, at a time when there was a move for nurses to undertake an expanded role, this development was not apparent in the clinic in which I practiced, where the work of the nurses continued to be dominated and limited by a medical discourse. It was therefore apposite to explore nursing in this context and to investigate a previously hidden aspect of nursing work. This would also serve to raise the profile of the midwife-nurses who dared to work within it.

The inter war period selected for the thesis 1921-1931, while being a functional, manageable, albeit artificial time reference for the study, also represents a major phase in both the history of the birth control movement and the history of nursing.⁶ In addition, it was significant for the direction of both the provision of family planning services to the public and the training pattern and method of working for future family planning nurses. During this period, several voluntary organisations established birth control services and the move toward state intervention culminated in the issue of Memorandum 153/MCW by the Conservative Government, so that from 1931 there was a limited provision of birth control advice to some women in exceptional circumstances within Maternal and Child Welfare Centres.⁷

However, it is the first clinic, established by Marie Stopes in 1921, that provides the focus and therein the case study, for the thesis. The opening of a birth control clinic was a significant development and Stopes' habit of retaining documents meant that there remained a rich source of documentary material through which it was not only possible to trace the development of the clinic, but also to identify the role and work of nurses in what was known as birth control. This term, attributed to Margaret Sanger, was first used in 1914. However, there is some variation in the accounts of the

development of this phrase. In her book '*My fight for birth control*' published in 1931

Sanger states

*We debated in turn: Malthusianism, conscious generation, voluntary parenthood, voluntary motherhood, preventception, the new motherhood, constructive generation, etc.etc. All of these names were cast aside as not meeting the demands. Then we got a little nearer when 'family control' and 'racial control' and 'birth rate control' were suggested. Finally, it came to me out of the blue- 'Birth Control!' We all knew at once that we had found the perfect name for the cause.*⁸

While later the account in her autobiography suggests that someone else at the meeting suggested that the "*birth rate control*" become "*birth control*".⁹ It was this term that entered into popular usage. It has been used in the thesis to denote means of fertility control encompassing both artificial and natural methods.

Throughout this period, nursing was also undergoing a major change with the regulation of the profession and the creation of the General Nursing Council (GNC) following the Nurses Registration Act (1919).¹⁰ Subsequent to this regulation of the profession, I expected that the regulatory body might have had an opinion on the work undertaken by nurses in this new area. Similarly, as those working in the Stopes' clinic were also midwives registered with the Central Midwives Board (CMB) it seemed appropriate to explore the views of this regulatory body, and to ascertain if they approved of registered midwives taking part in such work. Exploration of the GNC syllabi and examination papers, agendas and reports of the Education and Examinations Committee, the minutes of the CMB, Annual Reports and Rules of Conduct, revealed that both regulatory bodies largely ignored this development.

On a cautionary note, although nurses and midwives offered birth control advice and appliances within a clinical setting, there is strong evidence that the majority of the population did not attend clinics. Rather they continued to use coitus interruptus or to access contraceptives via mail order and retail outlets such as barbers, tobacconists, and market traders.¹¹ The disparity between the falling fertility rates and the numbers of (mainly) women who attended the Marie Stopes' and other birth control clinics during these years serve to illustrate this fact.¹² Indeed the Royal Commission Report of 1949 suggested that among the working classes coitus interruptus was always the main method of birth control.¹³ Therefore, as the literature review will demonstrate, revisionist accounts of the birth movement have suggested that the importance of clinics and birth control nursing to the general population must not be overstated.¹⁴ Moreover, attitudes to birth control as self-help rather than a medical concern and the privacy of this aspect of life, may explain in part, the antipathy of members of the Government, medical and nursing professions towards birth control and the clinics. However, there are signs that such hostility was also located in the concern over the alleged potentially damaging physical effects of the use of rubber appliances. Nonetheless, the lower birth rate among educated classes has suggested that they were likely to be using contraception. Indeed, doctors themselves practised methods of birth control but were reticent about sharing this information with their patients. In contrast some of the enquiries from doctors to Stopes also suggest a level of ignorance compatible with that of their patients.¹⁵

The original focus of this study was to identify how the specialism of birth control nursing developed within the newly established birth control clinics in the early part of

the 20th century. However, within historical research there is cognisance that the direction of the investigation may change, not only because of reliance on the access to, and availability of, archival material but also by the constraints on the interpretation and use of material.¹⁶ It soon became apparent that the original idea was too broad and that a narrower and more detailed approach was required. Thus, an exploration of existing literature on the birth control movement and the history of nursing eventually led to the development of the principal aims of the research study. Those are:

To trace the historical development of birth control nursing within the Marie Stopes Mothers' Clinic locating it in its social, political, medical, professional and legal contexts.

To determine the lay and medical perspectives which influenced the development of birth control nursing within the Marie Stopes Mothers' Clinics.

The following research questions were identified both as a framework for interrogating the sources for the study and as themes to be addressed throughout the thesis:

1. What were the social, political, medical, professional, and legal influences that contributed to the development of birth control nursing in the Marie Stopes Mothers' Clinics?
2. What part did the midwife-nurses play in the development of this role?
3. How did the role of the birth control midwife-nurses in the Marie Stopes Clinics evolve?

4. How did the nursing and midwifery professions view the specialism and the nurses and midwives working within it?

Using a variety of primary and secondary sources, the study provides a unique record of the work of the midwife-nurses in the Stopes' organisation, knowledge about birth control and the attitudes of nurses and midwives towards their colleagues who worked in the specialism. The next section outlines the structure of the thesis and identifies in which chapter/s each of the research questions are addressed.

The structure and referencing system adopted for the thesis

The arrangement for the chapters in the thesis underwent several revisions before the final structure was finalised. Of particular concern was the order for the methodology chapter. Adopting a traditional approach in which the literature review was followed by the methodology chapter proved problematic. Placing the literature review ahead of the methodology presented two difficulties; first the content of the chapter would pre-empt the identification of the obligation to obtain mastery of the secondary sources; second the chapters would not be interconnected thus affecting the flow and context of the thesis as the reader moved between the literature, methodology and the narrative chapters. It thus seemed logical to explore the methodology before moving into chapters that reviewed the literature and presented a narrative. Therefore the first chapter explores and describes the methodology used for the research, identifying the philosophy underpinning the research, while also discussing the detection and use of data gleaned from the primary and secondary sources. The thesis continues in chapter two with an exploration of the literature pertaining to the historiographies of birth

control, nursing, and midwifery in order to identify the lacuna in the current scholarship that this thesis will address. The third chapter contains a narrative of the main events, individuals, and organisations involved in the birth control movement. Abortion was of importance to the work of the clinic, accordingly I have traced the development of the law on abortion to provide additional background information for the discussion exploring its impact on the work of the midwife-nurses which ensues in later chapters. As those midwives recruited by Stopes were required to hold a Central Midwives Board (CMB) qualification I have included a section exploring the professionalisation of midwifery and the different routes to the qualifications which were acceptable in the early years of its formation. By locating the Marie Stopes Mothers' Clinic in its social, political, medical, professional and legal contexts, both chapters provide a background for the thesis while simultaneously addressing the first research question and fulfilling the first aim of the study.

The fourth chapter addresses all four of the research questions. The chapter begins by exploring the early life of Marie Stopes and how her publications and later actions were influenced by events in her personal life. A bridging section then revisits the issue of the patterns of use of fertility control and maternal and infant mortality before moving on to an exploration of the founding of the Mothers' Clinic and the recruitment of the first cohort of midwife-nurses, defined as those employed from 1921-1926, and the other clinic staff. Chapter five is devoted to an examination of the expansion of the birth control service and the recruitment of the second cohort of midwives classified as those employed from 1927-1931. Additionally in both chapters I give an identity to these pioneer midwife-nurses by exploring their antecedents.

Chapter six addresses the experiences of the midwife-nurses in both types of clinical setting and is presented within the following topics; the modus operandi of the clinic explores the contraceptives recommended; the training offered in the clinic to internal and external staff; the approach to delivering care; access and the financial cost to the woman. The modus operandi of the Stopes' clinics will be compared and contrasted with the style of work of the other voluntary clinics, with particular attention being paid to the roles assigned to the nurses or midwives. I will contrast this with the way in which the role of the nurse or midwife developed in other birth control organisations, particularly following the merger of the five voluntary organisations into the National Birth Control Council (NBCC) in 1930; although initially part of the NBCC, Stopes' organisation later withdrew. Drawing upon some earlier work I undertook, I will explain how this role and the method of training was replicated through ensuing decades. I will argue that there may have been a greater autonomy for birth control nurses per se if Stopes, rather than withdrawing, had maintained a presence in the national organisation.

Examining the nature of the work within the Mothers' Clinic will also provide further illustration of the contradictions inherent in Stopes' approach to eugenics. The issue of abortion was one which impacted on the work in the clinics and is therefore covered in some depth. In addition to the clinical nature of the work the staff undertook other duties, meetings, lectures, leafleting and door to door visits, which I have classified under the heading of '*Proselytising*'. The final section is devoted to the Caravan Clinics and focuses specifically on the work undertaken by the midwife-nurses and the routes taken across the country by both Caravans. The chapter then moves on to study the

number and physical condition of the individuals who used the service. Thus, this chapter addresses all four research questions and both aims of the study, but with greater emphasis on the part played by the midwife-nurses and how the role of the birth control midwife-nurses in the Stopes' Clinics evolved.

Chapter seven examines some additional aspects of working life in these clinics which I suggest once more reflect the obsessions of its patron. These are presented under the headings '*Subterfuge and spying*' and '*Encounters with the law*'. I also explore the relationships between Stopes and her staff and among the staff themselves.

The attitude of the midwifery and nursing professions towards the development of birth control services and the roles undertaken by their colleagues, will be visited throughout the thesis. Evidence from documentary sources and the oral history interviews conducted with eight nurses and midwives who worked during or immediately following the period in question, will be used to discuss this aspect in greater depth.

It was notable that the evidence from the latter source revealed not only an ignorance of sex but also a lack of awareness of the work that was undertaken in the Stopes' clinics.

Drawing on the arguments presented in the earlier chapters, the final chapter revisits the research questions and provides a discussion of the material and a summary of the findings. This will demonstrate how the study has addressed this deficit in knowledge by bringing the work of those at the '*sharp end of practice*' into focus. Additionally I will discuss some of the limitations of the research, identify the areas for future

investigation and conclude by considering the contribution of the thesis to the discipline of nursing history and the links to contemporary practice.

Referencing

A modified numerical referencing technique has been adopted throughout the thesis. While convention allows for full stops to be placed either before or after the reference number, the former approach has been applied consistently throughout the eight chapters of the thesis. The Bibliography follows the convention of distinguishing between the primary and secondary sources.¹⁷

Conclusion

In this introduction I have outlined the structure of the thesis and demonstrated how the research questions have been used throughout the chapters to address and fulfil the two aims of the study. The thesis begins with an examination of the methodology, sources and problems.

1 Peel J. Contraception and the Medical Profession. *Population Studies*.1964:18; pp.134-146.

2 Maggs C. Nursing as historiography. In: Kings Fund Centre: *New perspectives in Nursing History: A Forum at the Kings Fund Centre Friday 10th September 1982*. London: Kings Fund; p.48; Church D. Historiography in nursing research. *Western Journal of Nursing Research*. 1987: 9(2); pp.275-279; Mortimer B. The history of nursing: yesterday, today and tomorrow. In: Mortimer B.and McGann S. (eds). *New Directions in the History of Nursing: international perspectives*. London: Routledge; 2005 pp.1-21.

3 McLaren A. *A history of contraception from antiquity to the present day*. Oxford: Basil Blackwell; 1990.

4 Peel J.1964 pp.134-146.

5 Brand P. An historical study of the education and training of family planning nurses. Unpublished MSc Dissertation RCN IANE in conjunction with Manchester University; 1994.

6 Marwick A. *The New Nature of History: Knowledge, Evidence, Language*. Basingstoke: Palgrave; 2001.

7 Soloway R.A. *Birth Control and the Population Question in England, 1877-1930*. Chapel Hill: University of North Carolina Press; 1982 pp. 311-316.

8 Sanger M. *My fight for Birth Control*. New York: Farrar & Rinehart; 1931 p.83.

9 Sanger M. *An Autobiography*. New York: W.W.Norton & Company; 1938 p.105.

10 Dingwell R. Rafferty A.M. and Webster C. The Search for Unity. In: Dingwell R. Rafferty A.M. and Webster C. *An Introduction to the Social History of Nursing*. London: Routledge; 1988 pp.77-97.

11 Peel J. The Manufacture and Retailing of Contraceptives in England. *Population Studies*.1963: 17; p.119.

12 It is estimated that by 1930 only 21,000 women had attended the 16 available birth control clinics; Coleman D. and Salt J. *The British population-patterns, trends and processes*. Oxford: Oxford University Press; 1992; Stopes M.C. *The First Five Thousand. Being The First Report of the First Birth Control Clinic in the British empire, 'The Mothers' Clinic For Constructive Birth Control at 61, Malborough Road,Holloway,London N19*.London: John Bale, Sons & Danielsson; 1925.

13 Mitchison R. *British Population Change Since 1860*. London: Macmillan Press Ltd; 1977.

-
- 14 Lewis J. *Women in England 1870-1950. Sexual divisions and social change*. Brighton: Indiana University Press; 1984; Gittens D. Married Life and Birth Control between the Wars. *Oral History*. 1975 Autumn: 3 (2); pp.53-64.
- 15 Hall R. (ed). *Dear Dr Stopes: Sex in the 1920s*. London: André Deitch; 1978.
- 16 Matejski M. Historical research: the method. In: Munhall P.L. and Oiler C.J. (eds). *Nursing Research-A Qualitative Perspective*. Connecticut: Appleton-Century-Crofts-Norwalk; 1986 pp.175-193.
- 17 Marwick A. *The New Nature of History: Knowledge, Evidence, Language*. Basingstoke: Palgrave; 2001 pp.157-159.

Chapter One: Research methods, sources and problems

Introduction

As Cushing notes, historians do not often “*engage in discussion of method*”.

The explanation for this, she suggests, may be because the “*method itself is elusive*”.¹

However, for those reading a thesis or seeking enlightenment on the research process involved in the historical method, this can be problematic. For this reason, I intend to use this chapter to explain both the theoretical and practical steps involved in the research for this thesis. This will also identify the rationale for the perspective which I have adopted in the research.

The chapter is structured as follows; I will briefly introduce and explore the philosophical debates between the traditional and the new history. This will centre on the deliberations between advocates of the opposing arguments, and the implications for the methodology and procedures adopted for this research. I will then offer a brief overview of the status of nursing historiography; this aspect is dealt with more expansively in chapter two. An exploration and discussion of the documentary sources consulted for this research and the inherent advantages and disadvantages of each introduces the section on the sources. Moving on, I next consider the use of oral history, prosopography, nominal record linkage technique and biography. Finally, the chapter explores the ethics involved in accessing the documentary sources and clarifies the ethical implications to be addressed when working with individuals to obtain an oral testimony.

Philosophical debates in history

In contrasting the old and new history, Burke describes the development of a crisis in the traditional historical paradigm where history was governed by the availability of documents.² This Rankean approach used by professional historians, concentrated on national and international political events, thus excluding any other human activity. This history from above therefore examined the exploits of the great men and political leaders, with women usually excluded from the accounts. As Ranke himself insisted, this narrative of events would be objective, unbiased and identify, “*how it actually happened*”.³

The factors missing from this traditional history were identified and challenged by the Annales School in France in the 1940s. Although conceding that there was a role for bureaucratic documents the Annales School recognised the inherent problems associated with the presentation of an official viewpoint.⁴ They produced a competing approach to historical explanation which accepted the existence of a socially and culturally constructed reality which made it necessary to analyse the structures involved; a ‘*histoire totale*’.

This response to the Rankean approach to history developed throughout the 20th century as ‘the *new history*’ replaced the traditional elite perspective of history with the history of the ordinary men *and* women; a history from below concerned with all human activity. This witnessed the emergence of new definable fields of history, including women’s history, which required alternative sources of data for example oral history, images and the reinterpretation of official records.⁵

Women's history

Purvis notes that in 1929 Virginia Woolf lamented the fact that there were few histories of women; indeed history has focused on the exploits of men and very rarely women.⁶

What constituted women's history has been characterised by valedictory biographies and accounts of worthy women. This mirrors the early trends in the recording of the history of nursing, midwifery; the account of Florence Nightingale by Tooley being a good example of the genre.⁷ However, there were other histories of women that were written by feminist campaigners; among these was Charlotte Carmichael Stopes the mother of Marie Stopes. She was the first woman to take a University certificate in Scotland later becoming a renowned Shakespearean scholar; amalgamating her campaigning for women's rights with her interest in women's history she produced an array of historical texts.⁸

By the 1920's the role of women, at least in the economic history of the nation, was suitably encompassed. Nonetheless, with few exceptions, the history of women remained outside the mainstream of taught and researched history per se until the development of the new feminist history in the 1960s and 1970s. Purvis acknowledged that the most influential of these, and the one that set the scene for future developments, was Sheila Rowbotham's work *'Hidden from history: 300 years of Women's oppression and the fight against it'*.⁹ A comparably influential text for nursing is the book edited by Celia Davies *'Rewriting Nursing History'* published in 1980.¹⁰ As Mortimer notes, *"The exponential growth in women's history since the 1980's has enriched the context for historical studies of women"*.¹¹ This I suggest also includes the study of the history of nursing.

Other influences on historical accounts

It is also acknowledged that total objectivity is unrealistic as historians cannot help but examine the past from a particular point of view. This stance is supported by Carr who suggested that historians bring their ideologies to the writing of history.¹² Thus he asserts that historians are also the product of history and bring their ethos and socialisation to their own particular study; he advises that before reading a history we should know the historian. Evans however reassures that this is not entirely problematic and historians will naturally be influenced by present day concerns.¹³ As the historian involved in this research, I am cognisant that part of my own ethos and socialisation originates from my work as a nurse. I spent many years working within and teaching the specialism of '*Family Planning*' previously known as birth control and now subsumed within the broader specialism of sexual health.

It is also important to see the data in the context of the social milieu of the period. For this reason, what Mitchell refers to as twentieth century nursing's "*narrative of events*" as well as the established narrative of the development of birth control, have also been used as a framework.¹⁴

The history of nursing

It is only recently that the history of nursing has merited attention from historians of health and medicine.¹⁵ Prior to this the work produced in the guise of nursing history could be categorised into biographies of nursing leaders, studies of organisations, analyses of forces that affected the development of the profession and collections of writings. Examining these categories, Palmer noted that there was a dearth of work in

all areas of nursing and that many still required exploration.¹⁶ Kirby similarly draws attention to the fact that early nursing history was limited and tended to focus on the great names approach, known as the Whig interpretation of history.¹⁷ This perhaps supports an impression that nurses do not value historical research, as it is neither clinically orientated nor produces theoretical knowledge.¹⁸

However over the last thirty years a more thoughtful, analytical, forceful and reflective approach to this area of study has developed which has aided the academic development of the discipline. This has led to an exploration of some of the “*Cinderella*” areas in the profession, such as poor law and asylum nursing. Birth control nursing, I suggest would also fit this “*Cinderella*” category. Exploring the work and lives of nurses at the “*sharp end of practice*” may also prove more successful in engaging the attention of the nursing profession.¹⁹

As indicated earlier this new approach also has implications for the way in which data is collected and reflects the need for a range of data which will help to ensure the “*interconnectedness*” of the historical account, an aspect which is explored in the following section.²⁰

Access, selection and use of the sources

The general steps within historical research are very similar to that of other types of research.²¹ However as Gardiner notes, “*historical events are past events and hence cannot be known in the manner in which present events are known*”. This identifies the key difference, the availability of evidence to the historical researcher.²² The historian

has to rely on the survival of documentary evidence and /or of informants who can provide oral testimony of a particular period or event.²³ While agreeing that documents form the basis of historical enquiry it is also imperative to use as many other sources as possible to produce facts that demonstrate “*interrelatedness*”; a term that is preferable to the word “*triangulation*” used in other forms of research.²⁴ Therefore, evidence for this thesis was collected using a range of primary and secondary sources, including oral testimony, thus enabling a reconstruction of the past, “*that may be partial and provisional and certainly will not be objective, but is nevertheless true*”.²⁵

Defining primary and secondary sources

Some authors offer intricate distinctions between primary and secondary sources. A simple and workable definition of a primary source is anything that was generated within the period being studied.²⁶ This may also be referred to as an “*eyewitness*” source.²⁷ A secondary source comprises of interpretations of primary data that are constructed some time after the event has taken place. Within this arrangement books written during the period may also be seen as primary evidence, a classification which has been adopted in this thesis.²⁸ I will explore each in turn, beginning with the secondary sources as these provided the context for the thesis.

Secondary sources

It is explicit in the literature on historical methodology that before any primary sources can be addressed, mastery of, rather than simply knowledge of the secondary sources must be achieved.²⁹ This mastery of the secondary sources enables gaps in knowledge to be identified and informs the questions that remain unanswered. An exploration of

the secondary sources had identified lacunae in the literature which informed the aims of the investigation as expressed in the introductory chapter. Accessing secondary sources was an ongoing exercise and as new issues emerged in the research, other secondary sources were consulted, the bibliography refined, and findings from this research used to challenge received opinion. The final bibliography is testament to the range of literature that has been accessed for this thesis. The next section moves on to explore the use of the primary sources.

Primary sources

Primary sources can be categorised in the following typology: standard and official sources which encompass Cabinet and other papers, memoirs, diaries, biographies, letters and contemporary writing, images, sounds, objects and computerised records.³⁰

Here the study of the past becomes problematic. Unlike other disciplines, the historian is unable to observe events directly and has to rely on evidence, documentary .oral or artefact, which is accessible, can be seen and touched.³¹ This immediately presents problems as it is not known before the research commences just what will be available.³²

Thus one of the early tasks of the research was to identify the sources that were accessible, and to commence an initial exploration of the archival material. It is estimated that in the United Kingdom only half of the available documents are preserved with records relating to nursing history having an even lower rate of preservation.³³ This is partly explained by the changes that have taken place within the NHS and the movement of Schools of Nursing into Universities; a consequence of

which has been the wholesale destruction of records that to the untrained eye may appear worthless, but which are priceless to future historians. Conversely, in some instances, particularly within the Stopes' collections, there was an overwhelming amount of records containing rich sources with "*runs*" of documents. However, it was also frustrating that in spite of a vast array of records, desired documents were missing. For example, the membership cards of the Society for Constructive Birth Control which would have identified which midwife-nurses joined the Society did not appear to have survived. Similarly, many of the Central Midwives Boards' Midwives Rolls were also absent or "*Wanting*"; for example for the years 1921-1931, only the Rolls for 1922 and 1928 were available.

It is not only the existence of the document which needs to be considered; there is also the question of "*closure*". Depending on the nature of the material, the depository may restrict access to the data to *bona fide* researchers; although generally material in the public archives is only "*closed*" for 30 years, material that is particularly sensitive or which can identify individuals may be closed for a longer period, sometimes up to 100 years; this of course is the case with the Census. Within the Stopes' collection some documents will remain inaccessible until the middle of the 21st century. This illustrates Evans analogy that historical research can be aligned with a jigsaw puzzle, some of whose pieces are missing or widely scattered so that the jigsaw is never completed.³⁴ To quote Marwick, accessing the documentary sources has proved, "*exciting and frustrating, intractable, opaque and fragmentary*".³⁵

Yet if documents are available they must be treated with care and regarded as “*guilty of deceit*” until proved otherwise.³⁶ Consequently, sources must be subjected to the process of internal and external criticism to establish the validity and credibility of the document.³⁷ The key steps in this process appear in Appendix 1. This “*catechism*” for the analysis and evaluation of primary sources has underpinned the use of the documentary sources within this research. While it is unlikely that archival documents are forgeries, the origin, relevance, meaning and context are of paramount importance. Documents also contain witting and unwitting testimony, that is, the intentional and non-intentional evidence. Simply reading documents is insufficient; the historian must develop the skills to locate the unwitting testimony, which can uncover the attitudes, values, and culture of the author.³⁸ Stopes was well known as a self publicist and took care to destroy any documents that she did not want to remain in the public domain. However the documentary evidence pertaining to the midwife-nurses does appear to be reasonably intact. A brief description of the location and content of documentary primary sources consulted to date is followed by an exploration of oral testimony.

Selection and content of primary sources

The primary sources accessed for this thesis can be divided into unpublished and published material. The former constitutes the archival material; the latter comprises the journals, newspapers and contemporary books.

The Wellcome Contemporary Medical Archives Collection (CMAC)

The Private Papers of Marie Charlotte Carmichael Stopes (catalogued as CMAC: PP/MCS)

This collection, as expected, has proved the richest source of data. The documents contain records pertaining to the first birth control clinic in “*the British Empire*”, The Mothers’ Clinic opened by Stopes on March 17th 1921. These collections contain a “*run*” of documents relating to the establishment of the clinic, the recruitment of the midwife-nurses and details of the training and examinations provided in the clinic. Additionally there are a few photographs, information regarding the development of the mobile birth control clinics, and a wealth of correspondence between Marie Stopes and the midwife-nurses she employed.

The records relating to the Family Planning Association (FPA) under the catalogue entry SA/FPA and those relating to Margery Spring Rice (Chair of the North Kensington Women’s Welfare Center 1924-1958) under the catalogue entry SR.

Initially I had hoped to be able to compare the role of the Stopes’ midwives-nurses with that of nurses working in other clinics. The records of the FPA and those relating to Margery Spring Rice contain details of the birth control clinics in Walworth and North Kensington, established in 1921 and 1924 respectively.³⁹ These supplied limited information regarding the employment and training of nurses, but did provide information on the *modus operandi* of other voluntary clinics.

The records of the Health Visitors Association, held at the Wellcome Contemporary Medical Archives (CMAC) under the catalogue entry SA/FPA

These records are divided into two sections. The first covers the history of the HVA; the second deals with the historical context within which the organisation developed. This second section contains some material dealing with birth control.

The British Library Manuscript Collections

The Marie Stopes Papers (catalogued as BL Add Mss)

The Marie Stopes Papers in the British Library Manuscript Collection again details the development of the clinics and has further correspondence between Stopes and the midwife-nurses. In many instances this includes the replies to letters previously seen in the Wellcome CMAC. Combined, these two extensive collections yielded a wealth of data of relevance to the development of the service and the work of the midwife-nurses. As each part of these main collections were accessed, other questions were highlighted and additional archival and published sources were consulted to obtain a wider appreciation of the issues involved

National Archives Kew.

Records relating to Marie Stopes (catalogued as PRO HO)

Those accessed related to some of the legal cases which involved Stopes; of particular interest was her involvement in the pursuit and prosecution of abortionists.

The records of the Ministry of Health (catalogued as PRO MH)

These documents reveal the “*official voice*” on birth control and offered an insight into the arguments proffered for and against the provision of a State funded birth control service. Included within the collection are correspondence about the suitability of clinics; the provision of the Memorandum 153/MCW of July 1930 which allowed birth control advice to be given to some categories of married women within the Local Authority Maternity and Child Welfare Centres; there are some limited references to nurses and their role in birth control.

The records of the General Nursing Council (catalogued as PRO GNC)

The documents of the professional voice of nursing, the General Nursing Council (GNC) also appeared a logical source to ascertain the official approach to the new specialism of birth control nursing. The records are extensive. Syllabi and examination papers, agendas and reports of the GNC Education and Examinations Committee from 1923-1931 were deemed the most useful to explore. The result was disappointing and it appeared that the GNC was not concerned with birth control at this time. However it did highlight that venereal disease was included in the training syllabi; this was useful as it supported the testimony of the oral history participants.

The records of the Central Midwives Board (catalogued as PRO CMB)

As those employed by Stopes to work in the clinic were required to hold the CMB certificate it was appropriate to examine the records of the professional voice of midwifery, the Central Midwives Board (CMB), also housed in the National Archives in Kew. The minutes of the Central Midwives Board from 1920-1931 were examined

to find any reference to the work of midwives within the birth control clinics. With the exception of one reference to a midwife who had opened an herbal shop which sold contraceptives, the CMB, in common with the GNC appeared to have ignored the development. Similarly, the CMB Annual Reports and the Rules of Conduct for Midwives, although clarifying some issues about the functions of the CMB, did not mention birth control. Accessing the Rolls of Midwives, although not all the years were available, did prove valuable. It was possible to identify the full names, addresses and qualification dates of the majority of the midwife-nurses employed in the Mothers' and Caravan Clinics. This facilitated the search for each individual within the Decennial Censuses and the indices of birth, marriages and deaths thus contributing to the collection of data for the nominal record linkage.

Birmingham Central Library Local Studies Department.

The records of the Birmingham Settlement

These were used to explore the previous employment of one midwife-nurse, Charlotte O.B. Fowles. This information has contributed to the construction of an identity for this midwife-nurse.

Contemporary books and periodicals

Contemporary books added further insights into the way in which birth control information was placed into the public gaze. Similarly professional textbooks and several professional periodicals provided a deeper understanding into the way birth control, the work of the clinic and other aspects of sexual health was presented to the “grassroots” of the profession. *‘The British Journal of Nursing’ (BJN)*, now digitised and available to search on-line at <http://rcnarchive.rcn.org.uk/> contained news and

articles relevant to the thesis. The '*Nursing Times*' and the '*Nursing Mirror*' were then searched using the same dates identified from the '*BJN*'. Accessing this material offered a wider insight into the topic and the views of the profession regarding birth control.

'*Birth Control News*', the publication of the Society for Constructive Birth Control (SCBC) founded by Marie Stopes, provided items of news related to the birth control campaign, clinic activities and the work of the midwife-nurses.

Newspapers

Newspapers are a valuable primary source, but as only '*The Times*' is indexed accessing them can be very time consuming. I therefore only sought information about events that were already identified using such information to further contextualise the thesis.⁴⁰

Individual accounts using oral testimony

The previous section has identified that the documentary sources provided the main material for this thesis. To supplement this material, nine oral history interviews were undertaken in an attempt to identify the attitude of individual nurses and midwives towards birth control and the work of the clinic. However for reasons which will be made clear in the section which deals with the ethics of this method as a primary source of data, only eight of these were able to be used.

The development of the use of oral testimony

An extensive review of the literature pertaining to oral testimony revealed a clear distinction between oral history and oral tradition. According to Henige, the former may be summarised as the study of the recent past by means of life histories or personal

recollections, where informants speak about their own experiences. This may be contrasted with the latter, the commonly shared recollections of the past in a given culture, which delineates the sphere of oral tradition. Similarly, there are differences between life history and oral history and their use in different academic disciplines.⁴¹ There is general agreement that oral history was the first kind of history.⁴² In societies where written records have been in existence for many years, it is this basic method of human communication that has been used to relate past and present.⁴³

Thus far oral history does not appear to be a contentious issue. However, it cannot be denied that this method has had to traverse a tortuous route to obtain a level of acceptance amongst historical researchers. Many continued to avoid the method preferring to concentrate on documentary sources to study politics, power and the individuals involved. Nonetheless, during the 19th century when historians were rejecting oral methods, Victorian investigators such as Booth and Rowntree in 1902 and Beatrice Webb in 1926, unwittingly used the approach to collect oral testimony to illustrate the lives of ordinary individuals.⁴⁴

The rehabilitation of oral history within the academic discipline of history may be attributed to technological developments and specific influences, particularly in the USA during the 1920s. At this time, the Chicago school of Sociology adopted the method to enable ordinary individuals to give their own account of social processes.⁴⁵ It is curious and somewhat contradictory therefore, that in espousing this method for history, it was first used to record the history of significant rather than ordinary Americans. However, it is now accepted that the majority of oral history work concerns

the testimony of individuals whose history would otherwise remain hidden from view. In addition oral testimony brings new material to light, where little or no documentary source exists. Indeed the use of oral history represents one of the most fundamental developments in historical nursing research and makes it possible to reclaim the history of an occupation which was predominantly the domain of women.⁴⁶

Sampling for oral history

While it is possible to undertake quota sampling, this is dependent on recruiting large numbers to a project.⁴⁷ The passage of time meant that it was not possible to interview nurses who had worked within the Marie Stopes clinic during the period under study. As an alternative, I decided to interview individual nurses and midwives who undertook their initial training during the 1920s and 1930s in an attempt to at least obtain a sense of how members of the profession viewed the issue of birth control, the development of the birth control services and the midwife-nurses who were employed in this area. Thus a form of strategic sampling was adopted to ensure that those who may have witnessed the topic under investigation were accessed thus enhancing the validity of the evidence.⁴⁸ Therefore it was deemed appropriate to use an initial self-selection technique followed by snowball sampling within this research.⁴⁹ In order to obtain participants, letters were written to a variety of sources, a request placed on the website of the United Kingdom Centre for Nursing History, and personal approaches for recommendations made to retired nurses. Interviews conducted by other researchers and commercially produced videos, also added context to the work undertaken by the midwife-nurses in the Marie Stopes' clinics.⁵⁰

Conducting the interviews

The interview schedule of the Royal College of Nursing (RCN) Oral History Project (OHP) was used in this research (see Appendix 2). It is a validated tool and reflects the content suggested by experts in the field.⁵¹ Questions were added to allow exploration of the participants' attitude toward, and knowledge of birth control and the Marie Stopes' Clinics.

Ethically, a researcher has a responsibility towards the memories that individuals generously choose to share within the oral history interview. Indeed, in being allowed to seek and share the knowledge of others, the interviewer is in a privileged position.⁵² However, as the interaction between the interviewer and interviewee produces an historical document care and skill are necessary.⁵³ These skills are easy to master; as Kirby suggests an interest in people, empathy, and the ability to be still, to listen and to adopt a flexible response should be within the repertoire of most nurses. However Yow also identifies that the interaction can be influenced by "*liking or nor liking*" the narrator. She advises that demonstrating empathy can elicit fuller answers but acknowledges that this might be difficult if faced with views which are totally opposed to those of the interviewer. Additionally differences in age may result in the narrator relating to the interviewer as one of their children, although this too can induce a rapport.⁵⁴ In undertaking these interviews, I was certainly respectful of the high positions that some of respondents had attained in their nursing career; this created awareness that rather than a child they may have seen me as a junior nurse.

Issues of validity

The validity of the oral history method generally focuses on the accurate recall of respondents. However, it can be argued that similar issues prevail when using documentary sources and this strengthens the argument that this is an epistemological problem which is applicable to both documentary and oral evidence, but which mistakenly tends to be specifically directed towards the latter. Assessing internal consistency by crosschecking information and placing the interview within the wider historical context can further enhance rigour.⁵⁵ Again, this reiterates the necessity to use a variety of sources. Furthermore, it can also be argued that the validity of the oral history method is comparable to any other method of data collection. Indeed, this method of data collection lends itself to rigour, as there will be a taped record of what was said by both parties.⁵⁶ Additionally the researcher is in a position to question the witness to the event in more depth.⁵⁷ This facilitates what Yow calls the “*open door*” approach of the interview rather than the “*closed door*” of the documentary record.⁵⁸ Attendance at a study day provided by Dr Rob Perks at the British Library Sound Archive and a residential course sponsored by the Wellcome Trust augmented my skills in this area.⁵⁹

Prosopography and nominal record linkage technique

A further aspect of the research was to obtain an idea of why these midwife-nurses were motivated to work in an area that was so controversial and to ascertain if there were any commonalities in their background and/or social class. This suggested that a prosopographical approach might be appropriate. Stone has defined prosopography as “*the investigation of the common background characteristics of a group of actors in*

history by means of a collective study of their lives". He describes two main uses within historical research; first the intended role as a means of uncovering the basis of political rhetoric; second using the tools of the social scientist to explore social structure and social mobility. These two approaches to prosopography are also characterised by the former being concerned with elitist groups with the latter largely concentrating on large groups of individuals about who little is known. Thus it is useful when wishing to produce a picture of a group rather than simply the individual, in order to add depth to a piece of research.⁶⁰

As the group I wished to study were neither an elitist nor a large group, a purist approach was not appropriate for this research. Nonetheless, Stone also indicated that concentration on large groups while usual, was not exclusive. Thus some of the approaches inherent in this method, the use of information on birth, death, marriage, origins and so on could be usefully employed to identify any trends in the background of the nurses who chose to work with Stopes. This would facilitate an exploration of Cohen's assertion that the midwife-nurses employed in the clinic were of working class origin.⁶¹ I thus adopted a nominal record linkage technique, using information about each individual midwife-nurse employed within the Mothers' Clinic gleaned from within the documentary sources. It was then possible to identify an approximate age, marital status and qualifications and to cross match this with the following data; census returns; the indexes of birth marriage and deaths; the International Genealogical Index (provided on the web site of the Church of Jesus Christ of Latter Day Saints); CMB Rolls; passenger lists of emigrants; all of which contributed to the selection of the other records to be consulted⁶²

There were problems inherent in this process. Lumas has identified the difficulties working with the Decennial Census, a source which presents many opportunities for mistakes and inconsistencies. For example when attempting to identify the social class of the midwife-nurses I used the 1891 Decennial Census to identify their father's occupation. This census requested the occupation of each of the members of the household, which was a departure from previous censuses. Higgs suggests that while the work of men was usually recorded fairly accurately the job described could be interpreted differently in various parts of the country.⁶³ A dictionary of occupational terms based on the classification of occupations used in the Census of Population, 1921 was then used to identify the content of the work.⁶⁴ Additionally although the occupation of the head of the household was specified they did not fit easily into the modern classification system. Thus recourse was made to the most frequently used representation of socio-economic groupings, a revised version of Armstrong's original work on the 1841 and 1851 censuses.⁶⁵ In this typology each occupation is allocated to one of the following classes;

Class 1 Upper and middle class

Class 11 Intermediate

Class III Skilled working class

Class IV Semi-skilled

Class V Unskilled

Using this classification I was able to place those identified into the appropriate social class. Another difficulty arose when trying to trace the families of the married or

widowed midwife-nurses; in some cases this was impossible as there was no indication of their previous name. It thus proved easier to trace the antecedents of the unmarried midwife-nurses. Nonetheless this exercise has at the very least brought the names of the first midwife-nurses to work within the first birth control clinic in this country into the public arena.

Biography

While not claiming to be using these methods in a purist sense, the use of the different biographies, each providing a different emphasis, has been useful in attempting to understand the personality of Marie Stopes. This material has been supplemented by watching video recordings of various programmes which contained interviews with those who knew and worked with her.⁶⁶ Here again my experience as a nurse, together with the use of *einfurling*, (empathy), has guided my reflections on the life of this polymath with the result that I will be presenting a somewhat distinctive portrait of Stopes to that previously presented.

Ethical issues

As suggested previously, there were also ethical issues to consider when undertaking all aspects of this research. A particular dilemma was the use of the names of individuals identified in the documentary sources; correspondence with the Archivist at the Royal College of Nursing identified that there were no written guidelines on how to approach this aspect.⁶⁷ Thus even when the material was in the public domain, it was my responsibility as a researcher to make a decision on the use of names within the research study. To guide my decision I utilised the ethical principles of beneficence, non-

maleficence, respect for autonomy and justice.⁶⁸ Inevitably there will be instances when there is a conflict between the “*right to privacy and the right to know*” and indeed this proved to be the case within this thesis.⁶⁹ In most circumstances, it was imperative that an individual was identified in order to explain the historical significance of the data. However, although in law a deceased individual cannot be libelled, utilising names has not be extemporised, as doing so might albeit unwittingly bring an individual into disrepute.⁷⁰ Thus while the midwife-nurses have been named, patients and clients remain anonymous.

The oral history interviews were carried out in accordance with the Ethical Guidelines of the Oral History Society, the RCN and with the ethical approval of The Health and Community Studies Faculty Ethics Committee of De Montfort University.⁷¹ An ethical issue arose when a problem was encountered with one of the interviewees. Although she had given consent to participate in the research, it was clear as the interview progressed that she was in the early stages of dementia. I thus felt it would not be ethical to include her interview in this thesis.

Permission was sought from the other participants for the taped interviews to be deposited in the RCN Archives. Thompson argues that depositing the tapes in this way is ethically more acceptable than the researcher making a tape of an individual’s life and memories and then disappearing.⁷² Furthermore, Kirby suggests that participants prefer that the tapes are deposited in the archives rather than being retained by the researcher.⁷³ Experience within the current project has reinforced this view. Participants who gave permission for their taped interviews to be deposited in the archives also completed an

assignment of copyright document (see Appendix 3). Additionally they were offered the choice of up to 30 years of closure and assured that the RCN Archivist would restrict access to the tapes to only *bona fide* researchers.

Conclusion

Collection of data for this thesis was challenging, exciting and stimulating. Using the data collected from these identified sources it has be possible to address the research questions previously identified within the introduction and to illuminate the development of the new clinical specialism of birth control nursing in the Marie Stopes Mothers' Clinics.

1 Cushing A. Method and theory in the practice of nursing history. *IHNJ*. Winter 1996: 2 (2); p.6.

2 Burke P. Overture. *The New History: Its Past and its Future*. In: Burke P. (ed). *New perspectives on historical writing*. 2nd edition. Pennsylvania: Pennsylvania State University Press; 2001 pp.1-24.

3 Arnold J.H. *History. A very short introduction*. Oxford: Oxford University Press; 2000.

4 Marwick A. *The New Nature of History: Knowledge, Evidence, Language*. Basingstoke: Palgrave; 2001

5 Burke P. 2001 pp.11-14.

6 Purvis, J. 'From "women worthies" to post structuralism? Debate and controversy in women's history in Britain. In: Purvis J. (ed). *Women's History: Britain 1850-1945 An Introduction*. London and New York: Routledge; 1995 pp. 1-22.

7 Tooley S.A. *The life of Florence Nightingale*. London: S.H.Bousfield &Co; 1904.

8 Rose J. *Marie Stopes and the sexual revolution*. London: Faber and Faber; 1992; Hall R. *Marie Stopes: a biography*. London: André Deutsch; 1977.

9 Rowbotham S. *Hidden from history: 300 years of Women's oppression and the fight against it*. London: Pluto Classic; 1992.

10 Davies C. (ed). *Rewriting nursing history*. London: Croom Helm; 1980.

11 Mortimer B. The history of nursing: yesterday, today and tomorrow. In: Mortimer B. and McGann S. (eds). *New Directions in the History of Nursing: international perspectives*. London: Routledge; 2005 p.5.

12 Carr E.H. *What is history?* 2nd edition. London: Pelican; 1987.

13 Evans R. *In Defence of History*. London: Granta; 1997.

14 Mitchell D. No claim to be called sick nurses at all. An historical study of learning disability nursing. Unpublished Ph.D. thesis. South Bank University; 2000 p.54.

15 Mortimer B. 2005.

16 Palmer S. Nursing's Heritage. *Annual Review of Nursing Research*. 1986: 4; pp.237-257.

17 Kirby S. The resurgence of oral history and the new issues it raises. *Nurse Researcher*. 1997/1998 Winter: 5 (2); pp. 45-58.

-
- 18 Maggs C. A history of nursing: a history of caring? *J adv nursing*.1996 Mar: 23 (3); pp. 630-635.
 - 19 Maggs C. Nursing as historiography. In: Kings Fund Centre: *New perspectives in Nursing History: A Forum at the Kings Fund Centre Friday 10th September 1982*. London: Kings Fund; p.48.
 - 20 Evans R. 1997 p.249.
 - 21 White R. The development of the Poor Law Nursing Service 1848-1948. A discussion of the historical method and a summary of the findings. *International Journal of Nursing Studies*.1977:14; pp.19-27.
 - 22 Rafferty A. M. Writing, researching and reflexivity in nursing history. *Nurse Researcher*. Winter 1997/1998: 5 (2); pp.5-16; Sangster J. Telling our stories-feminist debates and the use of oral history. In: Perks R. and Thomson A. (eds). *The oral history reader*. London and New York: Routledge; 1998 pp. 87-100.
 - 23 Gardiner P. *The Nature of Historical Explanation*. Oxford: Oxford University Press; 1961 p.34.
 - 24 Evans R.1997.
 - 25 Evans R. 1997 p.249.
 - 26 Marwick A. 2001.
 - 27 Gottschalk L. The historian and the historical document. In: Gottschalk L. Kluckhohn C. and Angell R. (eds). *The use of personal documents in history, anthropology and sociology*. New York: Social Science Research Council; 1945 pp.3-75.
 - 28 Marwick A. 2001; Rafferty A.M. Historical Research. In: Cormack, D. (ed). *The Research Process in Nursing*. 4th edition. London: Blackwell Science; 2000.
 - 29 Marwick A. 2001.
 - 30 Finnegan R. and Thomas R. Documentary sources, statistical records and databases. In: Finnegan R. and Thomas R. (eds). *Principles of Social and Educational Research DEH 313 Block 3 Unit 13*.Milton Keynes: Open University; 1993 pp. 89-121; Marwick A. 2001.
 - 31 Gardiner P. 1961.
 - 32 Rafferty A.M. 2000.
 - 33 McGann S. Archival sources for research into the history of nursing. *Nurse Researcher*. Winter 1997/1998:5 (2); pp. 19-29.

34 Evans R. 1997.

35 Marwick A. 2001.

36 Gottschalk L.R. 1945 p.36.

37 Hockett H. *The critical method in historical research and writing*. Toronto: The Macmillan Company; 1955; Christy T.E. The methodology of historical research: a brief introduction. *Nursing Research*. 1975 May-June: 24 (3); pp 189-192; Krampitz S. Research Design: Historical. In: Krampitz S. and Pavlovich N. (eds). *Readings for nursing research*. St.Louis: Mosby; 1981 pp.54-58.

38 Marwick A. 2001.

39 Chair and co-founder of the North Kensington Women's Welfare Centre.

40 Golby J. Newspapers. (Section 7) Using written sources; some key examples. In: Drake M. and Finnegan R. (eds). *Sources and methods for Family community historians: a handbook*. Cambridge: Cambridge University Press; 1994 pp. 98-101.

41 Henige D. *Oral historiography*. London: Longman; 1982.

42 Thompson P. *The voice of the past: oral history*. Oxford: Oxford University Press; 2000.; Henige D.1982; Kirby S 1997/1998

43 Tonkin E. *Narrating our pasts: the social construction of oral history*. Cambridge: Cambridge University Press; 1992.

44 Booth C. *Labour and life of the people in London*. London: Macmillan and Co.Ltd; 1903; Rowntree S. *Poverty-A Study of Town Life*. London: Thomas Nelson and Sons; 1902; Webb B. *My Apprenticeship*. Cambridge: Cambridge University Press; 1980.

45 Lummis T. *Listening to history: the authenticity of oral evidence*. London: Hutchinson; 1987.

46 Davies C. 1980; Sangster J. 1998.

47 Thompson P. 2000.

48 Thompson P.2000; Perks R. and Thomson A. (eds). *The oral history reader*. London and New York: Routledge; 1998.

49 Thompson P. 2000.

50 Parkes A.S. and King D. The third Marie Stopes memorial lecture. The Mothers' Clinic. *J.Biosoc.Sci.*1974 April: 6 (2); pp.162-182.

51 Lummis T. 1987; Thompson P. 2000.

52 Kirby S. 1997/1998.

53 Sangster J. 1998.

54 Yow V. Do I like them too much? Effects of the oral history interview on the interviewer and vice-versa. In: Perks R. and Thomson A. *The Oral History Reader*. 2nd edition. London and New York: Routledge; 2006 pp.65-67.

55 Lummis T. 1987; Thompson P. 2000.

56 Thompson P. 2000.

57 Lummis T. 1987.

58 Yow V.R. *Recording oral history: a practical guide for social scientists*. London: Sage; 1994.

59 Thompson P. 2000; Kirby S. 1997/1998.

60 Stone L. Prosopography. *Daedalus* 1971 Winter: 100 (1); p.46.

This method has been used in the following pieces of research into the history of nursing; Sweet H. District Nursing in England and Wales c.1919-1979, in the Context of the Development of a Community Health Team. Unpublished Ph.D. thesis. School of Humanities, Oxford Brookes University; 2003; Hawkins S. Myth and Reality: uncovering and discovering the nurses of St George's Hospital, London, 1850-1900. Unpublished Ph.D. thesis. Kingston University; 2007.

61 Cohen D. Private Lives in Public Spaces: Marie Stopes, the Mothers' Clinics and the Practice of Contraception. *History Workshop Journal*. 1993 Spring: Issue 35; pp.95-116.

62 Lumas S. *Making use of the census*. 4th edition. Richmond: Public Record Office; 2002; Keats Rohan K. *Progress or Perversion Current issues in prosopography: An introduction*. Accessed on line at <http://users/x.ac/~prosop/> on 30th August 2007; <http://www.familysearch.org/> Latter Day Saints; <http://www.1901censusonline.com/>; <http://www.freecen.org.uk/>; Passenger lists accessed on www.ancestry.co.uk;

63 Higgs E. *A clearer sense of the census: the Victorian censuses and historical research*. London: HMSO; 1996; Mills D. Drake M. The census 1890-1991. In: Drake M. and Finnegan R. (eds). *Sources and methods for Family community historians: a handbook*. Cambridge: Cambridge University Press; 1994 pp. 48-49; Wrigley E. A. *Identifying people in the past*. London: Edward Arnold; 1973.

63 Open University OSFACH Research Group. *A dictionary of occupational terms: occupations in the nineteenth and early twentieth centuries; based on the classification of occupations used in the Census of Population, 1921*. Milton Keynes: Open University OSFACH Research Group; 1998.

65 Armstrong.W.A. Part 1. A basis for social stratification in Nineteenth-Century Society. In: Wrigley E.A. (ed).*Essays in the use of quantitative methods for the study of social data*.Cambridge: Cambridge at the University Press; 1972 pp198-225;
Armstrong.W.A. Part 2. An industrial classification 1841-1941. In: Wrigley E.A. (ed).*Essays in the use of quantitative methods for the study of social data*. Cambridge: Cambridge at the University Press; 1972 pp.226-310.

66 See for example; Hall R. *Marie Stopes: a biography*. London: André Deutch; 1977; Rose J. *Marie Stopes and the sexual revolution*. London: faber and faber; 1993; Briant K. *Marie Stopes-A biography*. London: The Hogarth Press; 1962; *Out of the Doll's House: Part 1 Motherhood*: BBC TV; 1989; *Out of the Doll's House: Part 4 Mustn't Grumble*: BBC TV; 1989; *Out of the Dolls House: Part 8 Breaking Free*: BBC TV; 1989; Yesterdays witness transcript. *Birth Control in the Twenties*; 1969.

67 Personal correspondence with Susan McGann Archivist Royal College of Nursing; 2001.

68 Royal College of Nursing. *Research Ethics-Guidance for nurses involved in research for any investigative project involving human subjects*. London: The Royal College of Nursing; 1998.

69 Streubert H.J. Carpenter, D.R. *Qualitative Research in Nursing-Advancing the Humanistic Imperative*. Philadelphia: J.B.Lippincott Company; 1995 p.217.

70 Thompson P. 2000.

71 Ward A. Copyright *ethics and oral history*. Colchester: Oral history Society University of Essex; 1995; Royal College of Nursing; 1998.

72 Thompson P. 2000.

73 Kirby S.1997/1998.

Chapter Two: Literature Review

Introduction

This chapter contains a critical review of the literature pertaining to nursing, midwifery, and birth control. Cooper's taxonomy of literature reviews, although referring to those carried out in education and psychology, identifies that in undertaking a literature review, there are some key decisions to be made relating to focus, goals, perspective, coverage, organisation and audience each of which will be briefly outlined below.¹

The focus of this review is to examine research and other literature that has addressed the developments in the history of nursing and the birth control movement, and the specialism of birth control nursing. Cooper suggests that there are ranges of issues that can form the basis of a single or multiple goals for the review. In this review I wish to demonstrate the way that the historiography of nursing and midwifery has evolved and to identify any work on the development of birth control nursing. A second strand to the review is to examine the literature on the birth control movement to ascertain if there is any acknowledgement or description of the part played by the early birth control nurses.

A further characteristic of reviews is the perspective adopted by the reviewer. Offered the choice by Cooper of a neutral representation or the espousal of a position, I have chosen to opt for the latter. The rationale, which I believe to be paramount to this and the whole thesis, being that as a registered nurse specialising in sexual health, I also hold a clinical and professional perspective. I am aware that the additional knowledge that encompasses such areas as the physiological aspects of sex, contraception and the

efficacy of the various methods, while not affecting the selection of the literature, will influence my assessment of both the literature and evidence for this work.

In terms of coverage, the dearth of material specific to birth control nursing has meant that I have used a diverse array of literature in order to provide a context for the thesis. Thus, the review is representative of the available literature rather than a comprehensive overview, this being a more realistic task to achieve.² Therefore, I have concentrated on appraising what I consider the most pivotal texts related to my thesis which have “*provided direction for the field*” in order to demonstrate the lacuna that my thesis will fill.³ That I have had to draw extensively on a range of material, the majority of which is out-with the disciplines of nursing and midwifery, is in itself indicative of the lack of attention that has been paid to this aspect of nursing practice by researchers.

For convenience, the literature review is divided into three broad sections. In order to set the thesis in context, the chapter commences with a section relating to the history of midwifery and nursing. Reviewing this aspect of the literature will serve two purposes. It will introduce the way in which the approach to the writing of nursing history has emerged while simultaneously reviewing any literature pertinent to this research. The former is also explored in the methodology chapter. Newby published a typology in 1979 and this provides a useful point of reference from which to chart the way that the historiography of nursing has evolved.⁴

The discussion will therefore include examples of the general histories of nursing and midwifery which cover illustrious people, events, and organisations and which are

indicative of the type of traditional ‘*broad-brush*’ history which dominated the historiography of nursing until recently.⁵ Other literature accessed focuses on aspects of what has been described as the “*new history*”. As outlined in chapter one, this genre is characterised by the use of a range of evidence to document the history of the great majority and therefore “*the experience behaviour and agency of those at society margins rather than the elite*”.⁶ In so doing, this also presents further evidence of the dichotomy between the old and the new history.⁷

Literature of direct relevance to birth control nursing is sparse. More helpful is the material to be found in the second segment that deals with the literature encompassing birth control. Once again, the literature is varied, dealing with the history of methods of contraception, general histories of birth control and the associated organisations, biographies, autobiographies and accounts of interviews with the leading personalities.

Nursing and midwifery

This section is presented as an overview in which to contextualise the narrative that appears in this and later chapters. While little mention is made to the history of birth control nursing per se, texts on the history of nursing and midwifery are explored because of the relationships between developments in both areas of practice and the links to those working in the new specialism. Thus, this part of the chapter begins with a discussion of the development of the historiography of nursing. Intertwined in this will be an examination of the literature on the history of nursing to ascertain what, if any, scholarship exists relating to the history of birth control nursing. It then continues with an exploration of the literature surrounding the history of midwifery, the rationale

for this being that those employed in the Stopes' clinic were required to have a recognised midwifery qualification. Additionally the nature of midwifery, with its focus on childbirth and maternity, suggested that the profession would have been more involved in providing this type of care.

History of nursing

The results of an exploration of the literature dealing with the history of nursing, concurs with opinions expressed by Newby, Maggs and Davies, that until recently, this has been mainly concerned with organisational issues, institutions and professionalisation.⁸ Unfortunately, the preoccupation with this type of topic has not been helpful in raising the interest of nurses in their own history. As Christy noted in 1975, nurses find it difficult to relate to this type of history as it does not transfer to clinical practice. In her words, "*Nurses are action orientated and tend to concentrate on empirical or experimental research which will provide answers to immediate problems*", a situation which I suggest would still hold true today.⁹

However, it can also be argued that an appreciation of history can actually enhance both the understanding and the practice of nursing.¹⁰ Indeed, it forms part of the assertion within this thesis, that the characteristics and hierarchies, which pervaded contraceptive practice in nursing and midwifery throughout the latter half of the twentieth century, and what I argue as the medicalisation of birth control, can be located in the early developments of birth control provision, training, and practice.

As noted earlier, using Newby's typology as a point of reference illustrates the state of the historiography of nursing in the late 1970's. At that time, it was suggested that the historiography of nursing could be placed into eight broad categories of text:

(1) general accounts of the development of nursing ;(2) local institutional studies; (3) popular autobiographies ;(4) biographies of figures connected with nursing;(5) national and international institutional histories;(6) histories of specialist groups of nurses;(7) sociological interpretations;(8) textbooks.¹¹ This makes for a useful framework within which to discuss the various approaches to nursing historiography that have been adopted through its period of development. Some examples of literature that is illustrative of each of the categories will be used to throughout the review to demonstrate how a discipline of the history of nursing has evolved since this list was produced. This will demonstrate that, although the historiography of nursing has developed and moved on from the triumphalist approach, it remains that, with a few notable exceptions, the smaller specialisms, including that of birth control, and actual clinical practices within nursing and midwifery, have largely been ignored.

Newby's first category focuses on what Davies has identified as the Whig interpretation of the history of nursing, ergo, one of continual improvement and reform.¹² This approach is exemplified by the work of Tooley and later by Adelaide Nutting and Lavinia Dock.¹³ The former presents an account of the history of nursing throughout the ages and as such is characteristic of the triumphalist, and in this instance, epitomized by the dying words attributed to Elizabeth Fry "*Love! All love; my heart is filled with love to everyone*", somewhat sentimentalist genre.¹⁴ This text was produced before the

period under study so is not of *direct* relevance. Nonetheless the work is of interest, offering a contemporary portrayal of events and debates within the emergent profession.

Nutting and Dock's co-authored volumes focused on tracing the development of nursing from ancient civilisations, through to the foundation of modern nursing by Miss Nightingale in 1860.¹⁵ The basis of this work is very much in the Whig tradition, but even so for the following reasons, should not be summarily dismissed. Nutting and Dock's text was based upon archival material. It became the mainstay of nursing curricula for over forty years and was influential on later developments within nursing scholarship.¹⁶ They, and other early nurse historians, provide a unique resource and historical context which would have remained invisible if solely reliant on any attention from political historians.¹⁷

Nonetheless the change in emphasis has presented an opportunity to identify that other individuals were involved in, and have now been credited with, setting up systems of nurse training long before the advent of the Nightingale School.¹⁸ This has enabled researchers to retreat from the representation of the history of nursing as "*an advance, as progress out of the dark ages to the present modern times*" and to steer the historiography of nursing away from the "*naiveties of Nightingale hagiography*".¹⁹ However, in some areas, elements of the hagiographical approach continue to prevail.²⁰

Other '*broad*' histories of nursing fit into Newby's typology of accounts of the development of nursing organisations. These include studies of the Royal College of Nursing, International Council of Nurses (ICN), and General Nursing Council (GNC).²¹

Obviously, there is a chasm between these early histories and the point that the historiography of nursing has now achieved. This is reflective of a general trend in medical and health care research, characterised by a move from the political narrative to a broader approach. Kirby locates developments within nurse education in the United States of America (USA) as the early motivation for an increasing interest in the history of nursing which eventually led to the transformation within nursing scholarship. She asserts that to a certain extent, this was attributable to Nutting and Dock's classic work that was adopted as a set text for nursing students at Teachers College, Columbus. Thereby demonstrating the sentiment expressed earlier in the chapter, that this type of history could still serve a purpose. In this instance, this set text provided the inspiration for others to become involved in researching the history of nursing.

By the mid twentieth century, a new point was achieved so that by the 1960s, there were two distinct strands to the way in which nursing history was presented; the traditional grand narrative and a new developing critical historiography.²² As regards the latter, perhaps the most eminent and groundbreaking of these was the work by Brian Abel-Smith.²³ At the time of publication it represented a radical move away from the valedictory approach to nursing to an appraisal of a political history of nursing, tracing the development of general nursing from an unregulated occupation to a regulated and organised profession. However, although adopting a new approach that utilised documentary primary sources, by its very nature it excluded any developments out-with large hospitals or details of the work undertaken by nurses. This was very much in keeping with the way that nurses had tended to be represented; as a homogenous group, based in hospitals and dealing with sick patients. There was little focus on the actual

practice of nursing or the individuals providing the care, identified by Maggs as constituting a major gap in the historiography of nursing.²⁴ Indeed, Abel-Smith himself admits in the introduction to the text that the focus is on hospital nursing and that

*No attempt is made to provide a history of nursing techniques or of nursing as an activity or skill. Little is said about what it was like at different times to nurse, or to receive nursing care. What the nurse was taught, who taught her, who examined her are all questions which are left unanswered.*²⁵

Furthermore, he suggested that other specialisms such as mental health needed to be studied in their own right. As is demonstrated later in the chapter, some of these larger specialisms have now begun to be addressed by historians, but it remains an area requiring further scholarship. Even so, this text does provide a context for this thesis. The chapters relating to the Nurses Registration Act of 1919 and the first phase of the General Nursing Council (GNC) are of particular relevance as they coincided with the early years of the Marie Stopes Mothers' Clinic.

In the United Kingdom (UK) the development of the London University Diploma of Nursing with its higher academic level, also offered the opportunity for the introduction of the history of nursing into the curriculum, a development that Newby asserts became "*both the custodian and distorter of nursing history*".²⁶ Nonetheless, it was also the inspiration for the authoritative text on the social history of nursing, '*Nursing and Social Change*' written by Monica Baly and first published in 1973.²⁷ While not making direct reference to birth control nursing, the context of this work that examines the response by the nursing profession to social and economic changes, has clear links to issues within the birth control movement. For example, Baly refers to the growth in population, Malthus, the industrial revolution, the demographic transition, and the policies espoused by the Liberal Government of 1906. All of these are also significant

issues in the history of the campaign for the provision of birth control services. Per se, they have been of use in providing background information on the response by the nursing profession to the developments of government policy in the area of maternal and child welfare.

The hugely influential volume, *'Rewriting Nursing History'*, edited by Celia Davies represented yet another stage of an intellectual journey for the discipline. Within this text, a collection of essays by various authors questioned the orthodox Whig and hagiographic treatment of the history of nursing and offered an alternative and more critical approach.²⁸ Once more, although there are no chapters on birth control nursing, the importance of the work, and indeed a major development in the field, is in the application of theoretical approaches to the history of nursing from social and labour history as well as sociological standpoints. Chapters on the nursing workforce, education and training, professional boundaries and the nature of nursing started to examine nursing from a perspective of the new social history. This development also created a new opportunity to explore the lived experience of nurses working at the *'grass roots'* of the profession. Maggs attempted to readdress this balance in his work on general nursing by focusing on the nurses rather than on their leaders. Furthermore, he suggested that others should also examine the *"micro-historical"* facts to see where they fitted into the *"macro-historical explanation"*.²⁹ While this was a useful observation, as Davies highlights the reality is complex. Nursing is diverse both in terms of the individuals and the type of work in which they are engaged. This is illustrated by the additional partitions in the main divisions of nursing, midwifery, and

health visiting, between “*hospital and community nursing, between general and specialist*”.³⁰

This complexity has resulted in a partial picture of the history of nursing. Although acknowledging that the history of how nursing developed within an institutional setting is obviously important, it is also apparent that until recently other types of nursing have been ignored. The consequence of omitting so many of the diverse specialities within nursing thus renders the history of nursing incomplete. This has been acknowledged and addressed by, among others, White in her study of Poor Law nursing and Currie in her work on fever nursing.³¹ Mitchell concedes that this was also the case for learning disability and equally with mental health nursing.³² Community nursing has also suffered from insufficient scholarship although certain elements, District Nursing, and Health visiting in particular, have received some attention. However, as regards the former, Sweet also highlighted the limitations in the scope and focus of the literature.³³ All of these aforementioned areas are representative of the larger of the groups of specialisms. Only one piece of literature appeared to address the history of the role of the family planning nurse.³⁴ Written by Rands in 1984, it is not based on research and only the first paragraph examines the history of this area. This incorrectly states that nurses only began to specialise in this area from the 1950s when the Family Planning Association, (FPA), established the first training course for nurses and doctors. The remainder of the article explores the current role of trained family planning nurses so is not of relevance.

Contemporary work on the history of nursing identified the profession as one that has had to be responsive to political pressures and developments.³⁵ Certainly, as will be shown in this thesis, there are aspects of this response within the history of birth control nursing. However, it was a response that was contrary, rather than in tune with the political will of the time. In a recent keynote lecture, later published as an article in the *'Nursing History Review'*, Davies revisited her earlier work and by using four recent historiography essays, was able to illustrate that while the history of nursing had progressed in the years since the original publication of *'Rewriting Nursing History'* there remained scope for further studies.³⁶

In summary, while the scholarship in the history of nursing has moved to become a vigorous discipline that reflects the social, political, economic factors and frameworks within which the profession has evolved, an exploration of the literature has demonstrated that there are elements of nursing which are uncharted within its historiography. Because of the relatively small numbers of professionals involved, birth control nursing is within this category. This thesis seeks to address this lacuna by focusing on the work undertaken by the midwife-nurses in the Mothers' Clinic, thereby adding another facet to the yet incomplete spectrum of the social and labour history of the nursing profession.

History of midwifery

Perhaps somewhat naively, there was an expectation that because of the nature of the work, with its focus on maternity and childbirth, the literature on the history of midwifery would prove to be more illuminating as to the involvement and input of

midwives to the development of birth control services. Although historians have tended to focus more on midwifery than nursing, in common with nursing history, any references to midwifery involvement in birth control is sparse. However, Donnison's work is an authoritative text on the rights of women and inter-professional rivalries between doctors and midwives.³⁷ With the focus on the origins and developments in midwifery and the factors and events that led to the professionalisation of midwifery, she covers the period under study in this thesis, but there is not any direct reference to birth control or the involvement of midwives in the area. The only allusion is made via a few sentences noting that a midwife Alice Vickery (1844-1929), "*became a well known medical practitioner and a pioneer in the emergent birth-control movement*".³⁸ In fact, this does not do justice to Vickery. She was indeed a midwife, having studied midwifery and women's diseases at the London Medical College, receiving a certificate in midwifery from the London Obstetrical Society in 1873, practising at the City of London Lying-in Hospital. It is notable that she was also the first woman to qualify as a chemist of the Pharmaceutical Society of Great Britain, later going on to study medicine at the School of Medicine in Paris. Her contribution to the birth control movement was as the co-founder of the Malthusian League, with C.R. Drysdale.³⁹ It is somewhat surprising that she received such cursory attention by Donnison, but is illustrative of the lack of reference to any of the birth control midwife-nurses.

In common with the history of nursing, most of the other work tends to focus on the conflicts and campaigns for professionalisation, an aspiration that the midwifery profession achieved before nursing, more detail on which appears later in this chapter. Midwifery is included in the '*Introduction to the Social History of Nursing*' published

in 1988.⁴⁰ This relies heavily on the earlier work by Donnison for the arguments on professionalisation and subsequently covers much of the same ground. However while Donnison has focused on the impact of the pressure placed on the policy makers by well connected women, Dingwell *et al* suggest that the attitude of the State, plus the circumstances of the client group, require more of an emphasis when attempting to explain the professionalisation of occupations. While comprehensively addressing issues such as maternal mortality and the potential conflicts between the Central Midwives Board (CMB) and midwives, they also note that the declining birth rate led to a greater competition between midwives and doctors, often at the expense of the women seeking care. However, they do not address the reasons for the decline, the use of birth control or any involvement by midwives in the development of birth control services.

Rhodes has also explored the work of midwives who trained between 1938 and 1951.⁴¹ While this is beyond the scope of the period under study in this thesis, it is of interest. She contends that birth control was outside the work of a midwife and identifies it as the province of the health visitor, a professional boundary clearly outlined in their training. This distinction served to distance the '*modern*' midwife from the handywoman and in so doing, any association with abortion. Nonetheless, as I will demonstrate in this thesis, some qualified modern midwives did see birth control as suitable work as evidenced by those midwives who chose to work with Stopes in the 1920s.

Rarely the history of midwifery and the literature on the history of birth control intersect in one text. This is the case in an oral history project published as '*The Midwife's Tale*' in which Leap and Hunter address the micro history of midwifery by using oral

testimonies from practising midwives.⁴² By using the voice of the midwives, they have traced the development of the midwifery profession from the era of the “*handywomen*” through to full professionalisation. While this work is helpful in raising the profile of the early midwives and highlighting the realities of their everyday experiences, there is very limited reference to birth control. This is a history of the individuals and highlights the attitude towards birth control; this was seen as something that would be used for illicit sex rather than as a means of spacing children within a marital relationship. A short chapter on birth control contains references to the role of midwives and to the women who used the methods. The preamble of the background to birth control and the establishment of the clinics are very brief, but the extracts from the oral histories add to the testimony provided by Rhodes. The focus however, is the embargo on midwives of any involvement in birth control a situation, which the authors suggest, prevailed until the 1960s. Thus, it contains no acknowledgement of the contribution made by the midwife-nurses in the Stopes clinic or to birth control in general. Emphasis is placed on an assertion that midwives were actively discouraged from giving advice on contraception, a situation partly due to the confusion between birth control and abortion. The authors also accept that while midwives may have wished to distance themselves from abortion, for many of the women in their care “...*abortion was one of the most common forms of birth control*”.⁴³ They also note that a number of their interviewees admitted that they had resorted to using a variety of methods to abort their own unwanted pregnancy, some on more than one occasion. Significantly, none admitted to having procured an abortion for any of the women in their care, but as discussed in the methodology chapter this type of evidence is important in bringing to the fore issues that do not appear in documentary sources.

What is apparent in these pieces of literature is a recurring theme of the real or imagined link between abortion and midwifery; as will be shown in later chapters abortion was also a contentious issue for the midwife-nurses working in the Stopes' clinics. Overall there is little in the current literature that identifies the role played by midwives in the development of the birth control specialism.

Birth control historiography

The next part of the chapter explores the literature on the development of birth control methods and the birth control movement. Methods to control fertility and/or to prevent the spread of sexually transmitted infections have been used since preliterate times.⁴⁴

Various authors have acknowledged this quest for efficient and acceptable means of contraception and the campaigns waged to secure this knowledge for a wide audience.

The literature detailing the historiography of birth control is diverse and can be divided into general histories of birth control, studies relating to specific campaigns, biographies, autobiographies, and interviews recorded in writing or on video.⁴⁵

Kate Fisher's work also offers a user's perspective while other literature debates the efficacy of the various methods.⁴⁶ Thus in many respects the typology is similar to the history of nursing and midwifery in that it mainly concentrates on the histories of the organisations, their leaders, and the campaigns they fought. Thus, for convenience, and in order to give some coherence to this section, I have arranged the literature into the following themes; the history of methods; the organisations; Feminist approaches; the attitudes of users and providers, each of which I will now go on to discuss.

As with the historiography of nursing, there are some seminal texts, notably the medical history by Himes, economist, sociologist, and Fellow of the Social Science Research Council.⁴⁷ First published in 1936, this is the standard text on the medical history of contraception and one that is still used as a reference point by many authors. It examines the use of fertility control from preliterate times through to the developments in the 20th century. The name of the book is however, somewhat misleading as Himes also explores economic and sociological aspects of contraception. Part five of the text offers detail of the literature and contraceptive techniques of the nineteenth century in England and the USA. A subsequent volume was planned that would cover the contemporary events and individuals of the 20th Century. However, this was never written so there is little in the book that refers to the immediate period under study. In spite of this, the material that is included is interesting in that Himes has produced some data on the use of birth control methods. This includes both the phase of “*preclinical*” that is the use of contraceptives before visits to the new birth control clinics, and “*clinical*” data based on information from a selection of birth control clinics in the 1920s. This data was used in a report on a study of the first thousand cases to visit an English birth control clinic, co-authored by Himes and his wife Vera and published in 1929.⁴⁸ The later chapters of the book are of interest as there is a brief resume of the career of the American nurse and campaigner Margaret Sanger but only a fleeting reference to Marie Stopes. Conversely, there is no other mention of any nursing contribution throughout the text. This is to be expected as Himes was writing a medical history that by default would be unlikely to contain any references to nursing or midwifery.

Other literature accessed uses a two-pronged approach by outlining the history of the birth control campaign while also referring to the methods available during this period. In this genre, a key piece of literature is Fryer's book *'The Birth Controllers'* published in 1965.⁴⁹ It is evident that many subsequent authors have drawn extensively upon this thoroughly researched and authoritative work.⁵⁰ Fryer covers the period from antiquity, through to developments in the field to the year of publication, 1965. The final part of the work is principally concerned with the period under study. For Fryer, the most important years in the campaign for birth control, ended in 1930 with the publication of Memorandum 153/MCW. While examining the main pioneers and analysing events involved in the birth control campaign, Fryer offers little detail on what he calls the "*Last Pioneers*".⁵¹ Nonetheless, these final chapters encompass an account of the life of Stopes and the opening of the Mothers' Clinic in 1921. He does mention that midwife-nurses undertook and managed a majority of the consultations alone, but there is no detail regarding the scope of their duties. However, he does refer to the cause celebre of Miss E.S. Daniels, a health visitor who was sacked from her post in Edmonton in 1922 for giving birth control advice to the mothers in her care. This case is alluded to later in the thesis.

Wood and Switter's text was published 50 years after the opening of the first clinic.⁵² They acknowledge in the introduction that Himes was one of the relatively few writers to have considered the history of contraception. Tracing the history of what they term "*population control*" from the earliest time to the present day, they thereby cover a similar period to Himes. Subsequently they do revisit the same historical data as Himes, but there is considerably more emphasis on the acceptance of contraception in

Great Britain. There are three chapters in the book that directly relate to the periods leading up to, and during the time, of interest to the thesis, and which contain some important points omitted by Himes. Highlighting the relatively short time in which the middle classes adopted contraceptive practice in the late 19th and early 20th century, they explore the contradictory nature of the opposition to, and repression of, information to contraception by the medical profession. This, they suggest, taken together “*with a public on one hand eager to know more about methods of birth control*”, created a backdrop against which the first birth control clinic opened in 1921.⁵³ The development of different clinics and the political, religious and medical opposition is also explored, albeit somewhat superficially. The contribution of Stopes to the spread of birth control is acknowledged, but the participation of the midwife-nurses is not given any attention except indirectly. In one sentence, they propound a possible cause for the opposition to the clinic by some doctors. This they attribute to the fact that the normal cases did not see a gynaecologist but were fitted with a cervical cap by “*a nurse*”.⁵⁴ The work of the Caravan Clinic occupies a single paragraph and simply outlines the fact that this was a pioneering venture, which toured the country from 1927 and which was later destroyed by fire. Once more the fact that midwife-nurses provided the service receives no acknowledgement.

Leathard’s study is the official history of the Family Planning Association (FPA). She presents a comprehensive account and analysis of the development of birth control services in the context of the development of the FPA.⁵⁵ Thus the emphasis is on the years following the formation of the National Birth Control Council (NBCC) in 1930, when all the voluntary clinics, initially including Stopes, amalgamated to become the

precursor of the FPA. In her opinion, the 1920s saw a victory for the fight for birth control so there are only limited references to actions that are of relevance to the area under study. For instance, she notes that Stopes “*was convinced that women would respond more readily to trained nurses*”.⁵⁶ However, while Leathard does acknowledge that this was innovative for its time, there is no detail of what clinical and other work the midwife-nurses undertook in the clinic.

Cohen has covered the clinical aspect in a little more detail in two studies in which she identifies the importance placed by Stopes on the “*woman-to-woman contact*”.⁵⁷ She highlights the fact that Stopes was also convinced that the personalities of the midwife-nurses were important because of the impact that this would have on the women attending the clinics. Placing emphasis on the ambience of the clinic, Cohen also posits that all the midwife-nurses were married and of working class origin, although not proffering any data to support these assertions. (I will describe the biographies of the midwife-nurses in chapters four and five). Thus, while both studies contain some information in broad terms not seen in other work, there is no real detail of the clinical work undertaken by the midwife-nurses. Consequently, the studies neither relate to the history of nursing and midwifery nor link to future practice of birth control.

Women's history

The development of women's history was discussed in the methodology section and it is apposite to explore literature produced in this genre for two reasons; first as nursing history is part of the hidden world of women's history; second that the conditions for women, particularly around maternity, form part of the background to this study. Of contemporary relevance is the book by Edith How Martyn and Mary Breed, both renowned feminists and campaigners. Published in 1930 in response to increasing public interest, it is described as "*An account of the birth control movement up to the present time*".⁵⁸ This text offers a view of events that cover the period of this thesis.

The content presents a synopsis of the development of birth control, covering the usual key historical events, while also including an exploration of the development of the birth control clinics and an explanation of the part played by the main women's groups involved. They are careful to note that, while not all the groups approved of birth control, "*all women have a right to the knowledge if they desire it*".⁵⁹ There is mention of doctors and nurses training in contraceptive technique at the Malthusians League Walworth clinic and they note that

*Recently Dr. Marie Stopes has initiated the idea of Birth Control Caravans, in charge of a midwife, to take the advantages of birth control knowledge to districts out of the reach of a birth control clinic.*⁶⁰

However, the function of the midwives in delivering the care is ignored. I would suggest that what is apparent in the text is the prevailing attitude towards the duties that would seem *appropriate* for a midwife-nurse in the clinic. This is implicit in the statement, "*Unquestionably birth control is given best under medical supervision*".⁶¹

The arguments and stances regarding the professional boundaries in the provision of

birth control services will be explored and discussed later in the thesis in chapters six and seven.

Other feminist texts of relevance have emerged within the last 35 years. In her book *'Love, Morals and the Feminists'* published in 1970, Rover devotes four chapters to birth control.⁶² She identifies the dichotomies between feminists on attitudes towards birth control and then goes on to explore the lives of leading feminist campaigners, among them Marie Stopes. Much of the chapter on Stopes is based upon the biography written by Briant in 1962, a work that is now acknowledged to depict a somewhat idealised portrait.⁶³ Rover also incorrectly attributes the term birth control to Stopes rather than to its originator Margaret Sanger. Overall the chapter offers little that is original and the work of the midwife-nurses is not included within her analysis.

Jane Lewis' work on the lives of women during the interwar period deals briefly with birth control from a broad perspective. It therefore provides a useful general secondary source for the thesis while not offering any direct references to the practicalities of providing a birth control service to women.⁶⁴ Rowbotham's *'Hidden from History'* explores 300 years of women's oppression from the 17-20th century. She demonstrates how class, sex, work, family and social pressures have influenced the feminist struggle for equality. It contains two chapters of interest, one which examines motherhood and the other which concentrates on birth control, abortion and sex when viewed through the campaigns and activities of feminist and socialists of the period. This refers to the use of birth control and the work of Stopes in setting up a clinic and mentions the other

leading campaigners, Stella Browne, Margaret Sanger, Edith How Martyn and Rose Witcop.⁶⁵

More recently Greer has examined the politics of human fertility, debating the way in which popular historiography portrays the developments and personalities in the birth control movement. However she presents a somewhat jaundiced view of Stopes and her work viz: “*..Stopes had never been more than a sideshow in the birth control movement-an extremely visible and entertaining sideshow but a sideshow nevertheless*”.⁶⁶ She attributes this enterprise to motives of personal gain rather than as a feminist response and is equally disparaging, and I will argue unfairly so, of the work undertaken by what she describes as Stopes’ “*minions*”, the midwife-nurses.⁶⁷

The attitude of the users and providers

The majority of the literature focuses on campaigns and personalities but there are a few studies which examine the attitude of men and women towards the use of birth control. Fisher is perhaps the most prolific in producing work which addresses the opinions of the users. Using oral history, she has gathered data from 100 men and women who married during the 1920s and 1930s. She argues that contraceptive methods were gendered and it was the man who was more likely to take responsibility for contraception. The term “*unplanned family planning*” denotes what she interprets as a haphazard approach to contraception, which she suggests demonstrates that men took charge of birth control. Her work is of interest in attempting to appreciate the context in which contraceptive practices took place and the difficulties in persuading women to use caps and pessaries. However, she is dismissive of the work of the birth control

clinics and consequently the work and reports provided by the midwife-nurses in the Stopes' clinics.⁶⁸

Fisher also co-authored a paper with Szreter in which they focus on the use of withdrawal, also known as coitus interruptus (CI).⁶⁹ This was the main method of birth control used by couples in the first half of the twentieth century. Citing the apparent spacing and resultant small families as evidence, they suggest that this demonstrates that CI was an effective method. As identified earlier in the chapter, my clinical knowledge does impact on my appraisal of the literature. In this instance, two areas could be questioned. They fail to ask questions about the total number of pregnancies which would include miscarriages and abortion; they do not acknowledge that some of these miscarriages may have been unrecognised and been classified as simply a late period. As a practitioner, I am also aware that the age of the woman plus the frequency of coitus, will also affect the fertility rate. None of this appears to have been considered before concluding that the method was very efficient.

By contrast, Davey uses evidence from a sample of 1500 letters from the vast correspondence sent to Stopes in an attempt to provide what she sees as an individual perspective of the importance of birth control in the interwar years.⁷⁰ Her findings reveal a class difference; the higher social classes using female methods such as the cap with the more traditional approaches, abstinence and abortion dominant among the lower classes. The sheath and coitus interruptus were generally used less by all groups. This perhaps demonstrates the difficulties inherent in attempting to create a true picture of the attitudes toward, and the use of birth control at this time.

Having explored the range of literature it is apparent that the reality of working in this arena and particularly within the Marie Stopes' clinics is not encapsulated by any of the previous literature. This is remedied to a certain extent in an article published in 1974 by Parkes and King.⁷¹ They present an oral history interview with Dr Evelyn Fisher, a doctor at the Mothers' Clinic from 1932. While the period of her employment is outside the parameters of this study, she provided a conduit to Mrs Richardson, the first secretary/receptionist at the clinic. Subsequently, the authors were able to draw upon the reminiscences of both women as well as some former patients to "*bring to life*" the early days of the clinic. (The use of oral history and its possible limitations was explored within the methodology chapter). Of particular note is Dr Fisher's explanation on why Stopes wanted to start the clinic, a version which is in contrast to the usual references to eugenics or the difficulty of her first marriage. Fisher attributes her motivation to two experiences. The first: "*She first became interested in birth control when she was in Hong Kong and was horrified at the way babies were literally kicked into the gutter-so much wasted life!*"⁷² Secondly, a medical student with whom Stopes was in contact by virtue of her position as a University Lecturer had given her an account of a woman with a syphilitic baby, her three other children having died. The woman had asked the clinic doctor if there could be anything wrong with her; if there were she did not want to have any more babies. The doctor's response was that nothing was wrong and that she should go home and "*do her duty by her husband*". These explanations offer a different perspective on Stopes, perhaps demonstrating a humanitarian side often ignored by other writers. Dr Fisher also described the clinic atmosphere and highlighted the work demanded of the staff outside their clinic duties. Photographs of the clinic are included and the midwife-nurse pictured identified as a

Nurse Barlow. Most importantly for this thesis, there is an acknowledgement of the work and dedication of the midwife-nurses with Maude Hebbes identified as *“passionately devoted to the cause and much loved by the patients”*.⁷³

Further information regarding the realities of working in the birth control clinics can be obtained from autobiographies. They do have limitations as they contain only what the author has an interest in expressing rather than a complete overview of events.

However, they can also add to the understanding of the social and political milieu of the period. In her first biography, Mary Stocks relates the steps she and her friend Charis Frankenburg, a trained midwife, undertook in order to establish what she believed to be the first provincial birth control clinic. They found a doctor, Olive Gimson, who would officiate and *“two nurses bold enough to assist her”*.⁷⁴ In a second autobiographical text, she devotes a chapter to Marie Stopes. She equates the publication by Stopes of *‘Married Love’* with the pioneering achievement of Mrs Pankhurst calling her *“the Mrs Pankhurst of the birth-control movement”*.⁷⁵ Her personal reminiscences are illuminating and, while not referring directly to the midwife-nurses, adds substance to Stopes and some of other the individuals and events in the history of the birth control movement.

Conclusion

This chapter has explored three main areas of historiography, those of nursing, midwifery, and birth control. This provides a narrative to the thesis while demonstrating that there are questions to be answered that are not addressed by the current historiographies. Within nursing and midwifery, while there has been a

movement toward the new history and thereby a developing interest in the work of those at the '*grass roots*' of practice, the smaller specialisms have yet to be documented. This represents a significant gap in the history of the two professions. Overall, the work undertaken by the early birth control nurses remains largely unrecorded and unexplored. Similarly, there is a breadth of literature pertaining to the birth control movement and the campaign for birth control, and the personalities therein have been well covered. In spite of this, the contribution of those involved in delivering the service in the early clinics has not been explored in any detail. In particular, the literature has revealed a lacuna on the role played by nurses and midwives in the movement and a lack of awareness of the contribution and the work undertaken by the midwife-nurses. This thesis seeks to give a voice to at least some of early pioneers by examining the events within first clinic in the British Empire, the Mothers' Clinic established by Marie Stopes.

- 1 Cooper H.M. Organizing knowledge syntheses: A taxonomy of literature reviews. *Knowledge and Society*.1988 1; pp.104-126.
- 2 Bruce C. Supervising literature reviews. In: Zuber-Skerritt O. Ryan Y. (eds).*Quality in postgraduate education*. London: Kogan Page; 1994 pp.143-155.
- 3 Cooper H.M. 1988 p.111.
- 4 Newby M. Problems in teaching nursing history 2.Occasionl papers. *Nursing Times*.1979 November 29th; pp.125-128.
- 5 Davies C. Where next for nursing history? *Nursing Times*. 1980 May 22nd; pp. 920-922.
- 6 Burke P. Overture. The New History: Its Past and its Future. In: Burke P. (ed). *New perspectives on historical writing*. 2nd edition. Pennsylvania: Pennsylvania State University Press; 2001 p.4.
- 7 Burke P.2001; Novick P. *That noble dream: The "Objectivity" question and the American historical profession*. Cambridge: Cambridge University Press; 1988.
- 8 Newby M. 1979; Maggs C. A history of nursing: a history of caring? *J.Adv Nurs*.1996 Mar: 23 (3); pp.630-635; Davies C.1980 pp. 920-922.
- 9 Christy T.E. The methodology of historical research: a brief introduction. *Nursing Research*. 1975 May-June: 24 (3); p.189.
- 10 Ferguson M. Reflections on teaching a history of nursing-1.Occasional Papers. *Nursing Times*.1979 November: 75 (29); pp.117-120.
- 11 Newby M. 1979.
- 12 Davies C. 1980 pp.920-922. The term Whig history is attributed to Herbert Butterfield who first used it in 1931 in his text "*The Whig interpretation of history*". It is now seen as a somewhat pejorative term to describe one approach to history also known as "*presentism*" that presents history as periods of perpetual improvement and transformation. See Butterfield H. *The Whig interpretation of history*.London:G.Bell and Sons Ltd; 1950.
- 13 Tooley S.A. *The history of nursing in the British Empire*. London: S.H. Bousfield and Co.Ltd; 1906; Nutting M.A. and Dock L.L. *A history of nursing 2 volumes*. New York: Putnams; 1907;Note that Volumes 3 and 4 covered the period up to 1910 and were authored by Lavinia Dock.
- 14 Tooley S.A. 1906 p.23.
- 15 Nutting M.A. and Dock L.L. 1907.

-
- 16 James J.W. Writing and rewriting nursing history. A review essay. *Bulletin of the History of Medicine*.1984:58; pp. 568-584.
 - 17 Connolly C.A. Beyond social history: New approaches to understanding the state of and the State in nursing history. *Nursing History Review* 2004:12; pp. 5-24.
 - 18 Nelson S. The Fork in the Road: Nursing History Versus the History of Nursing? *Nursing History Review*.2002:10; pp.175-188.
 - 19 Davies C. 1980 p.920; Summers A. Images of the nineteenth century nurse. *History Today*. 1984 December: 34 (12); pp. 40-42.
 - 20 For example, see the book commissioned in 1996 to celebrate the History of the Nightingale Training school; Wake R. *The Nightingale Training School 1860-1996*. London: Haggerston Press; 1996.
 - 21 Bowman G. *The Lamp and the Book; the Story of the Royal College of Nursing, 1916-1966*. London: Queen Anne Press; 1967; Bridges C. *A History of the International Council of Nurses 1899-1964*. London: Pitman Medical Publishing; 1967; Bendall E. and Raybould E. *A history of the General Nursing Council for England and Wales 1919-1969*. London: H.K. Lewis and Co Ltd; 1969.
 - 22 Mortimer B. The history of nursing: yesterday, today and tomorrow. In: Mortimer B. and McGann S. (eds). *New Directions in the History of Nursing: international perspectives*. London: Routledge pp.1-21; 2005; Kirby S. Teaching nursing history: the Redwood experience. *Nurse Education Today*. 1998: 18; pp.310-316.
 - 23 Abel-Smith B. *A History of the Nursing Profession*. London: Heinemann; 1960.
 - 24 Maggs C.1996.
 - 25 Abel-Smith B. 1960 p.ix.
 - 26 Newby 1979 p.129.
 - 27 Baly M. *Nursing and Social Change*. 3rd edition. London: Routledge; 1994.
 - 28 Davies C. (ed). *Rewriting nursing history*. London: Croom Helm; 1980.
 - 29 Maggs C. *The Origins of General Nursing*. London: Croom Helm; 1983 p.3.
 - 30 Davies C. *Gender & the Professional Predicament in Nursing*. Buckingham: The Open University Press; 1995 p.11.
 - 31 White R. *Social Change & The Development of the Nursing Profession: A Study of the Poor Law Nursing Service 1848-1948*. London: Henry Kimpton Publishers;1978; Currie M. The rise and demise of fever nursing. *IHNJ*. 1997 Autumn: 3 (1); pp.5-19.

-
- 32 Mitchell D. No claim to be called sick nurses at all. An historical study of learning disability nursing. Unpublished Ph.D.thesis. South Bank University; 2000;
Nolan P. *A History of Mental Health Nursing*. Cheltenham: Stanley Thornes; 1998.
- 33 Sweet H. *District Nursing in England and Wales c.1919-1979, in the Context of the Development of a Community Health Team*. Unpublished Ph.D.thesis. School of Humanities, Oxford Brookes University; 2003; Stocks M. *A Hundred Years of District Nursing*. London: Allen and Unwin; 1960; Mary Stocks also played a leading roll in the campaign for birth control.
- 34 Rands G. In the family way. The family planning nurse: One. *Nursing Times*.1984 March 28th: pp.29-30.
- 35 Rafferty A.M. *The Politics of Nursing Knowledge*. London: Routledge; 1996.
- 36 Davies C. *Revisiting Rewriting Nursing History*. Conference paper presented at The Mandec Centre University of Manchester 'Nursing History: Profession and Practice':18th November 2005; Davies C. Rewriting Nursing History-again. *Nursing History Review*. 2007:15; pp.11-28.
- 37 Donnison J. *Midwives and Medical Men. A History of the Struggle for the Control of Childbirth*. New Barnet and London: Historical Publications Ltd; 1988.
- 38 Donnison J. 1988 p.90.
- 39 Ledbetter R. *The history of the Malthusian League*. Columbus: Ohio State University Press; 1976; Alice Vickery. Source: Hall L.A. *Alice Vickery (1844-1929)*. Oxford Dictionary of National Biography accessed online at www.oxforddnb.com on 20th February 2006.
- 40 Dingwell R. Rafferty A.M. and Webster C. Midwifery. In: Dingwell R. Rafferty A.M. and Webster C. (eds). *An Introduction to the Social History of Nursing*. London: Routledge; 1988 pp.145-172.
- 41 Rhodes M. The contribution of professional education and training to becoming a midwife, 1938-1951. In: Bornat J. Perks R. Thompson P. and Walmsley J. (eds). *Oral History, Health and Welfare*. London: Routledge; 2000 pp.119-138.
- 42 Leap N. and Hunter B. *The Midwife's Tale: An Oral history from handywoman to professional midwife*. London: Scarlett Press; 1993.
- 43 Leap N.and Hunter B. 1993 p.90.
- 44 Wood C. and Suitters B. *The fight for acceptance: a history of contraception*. Aylesbury: Medical and Technical; 1970.

45 *Yesterday's witness: Birth Control in the Twenties*: TV; 1969; *Yesterday's witness transcript: Birth Control in the Twenties*: 1969; Parkes A.S. and King D. The third Marie Stopes memorial lecture. *The Mothers' Clinic. J.Biosoc.Sci.*1974 April: 6 (2); 162-182; *Out of the Doll's House: Part 1 Motherhood*: BBC TV; 1988.

46 Fisher K. She was quite satisfied with the arrangements I made: Gender and Birth Control in Britain 1920-1950. *Past and Present*. 2000:169; pp.161-193; Fisher K. Uncertain Aims and Tacit Negotiation: Birth Control Practices in Britain, 1925-1950. *Population and Development Review*.2000:26(2); pp. 295-317.

47 Himes N. E. *Medical history of contraception*. New York: Schocken Books; 1970.

48 Himes N. and Himes V. Birth Control for the British Working Classes: A Study of the First Thousand Cases to Visit an English Birth Control Clinic. *Hospital Social Service*.1929: XIX; pp.578-617.

49 Fryer P. *The Birth Controllers*. London: Transworld; 1965.

50 See for example Wood C. and Suitters B.1970; Leathard A. *The fight for family planning*. London: The Macmillan Press; 1980.

51 Fryer P. 1965 pp. 278-299.

52 Wood C. and Suitters B.1970.

53 Wood C. and Suitters B. 1970 p.160.

54 Wood C. and Suitters B. 1970 p.165.

55 Leathard A. 1980.

56 Leathard A.1980 p.13.

57 Cohen D. Private Lives in Public Spaces: Marie Stopes, the Mothers' Clinics and the Practice of Contraception. *History Workshop Journal*.1993 Spring: Issue 35; pp.95-116; Cohen D. Marie Stopes and the Mothers' Clinics. In: Peel R.A. (ed). *Marie Stopes, Eugenics and The English Birth Control Movement*. London: The Galton Institute; 1997 pp. 77-94.

58 How Martyn E. and Breed M. *The birth control movement in England. Forward*. London: John Bale, Sons and Danielsson; 1930.

59 How Martyn E. and Breed M. 1930 p.29.

60 How Martyn E. and Breed M. 1930 p.15.

61 How Martyn E. and Breed M. 1930 p.16.

-
- 62 Rover C. *Love, Morals and the Feminist*. London: Routledge & Kegan Paul; 1970.
- 63 Briant K. *Marie Stopes-A biography*. London: The Hogarth Press; 1962.
- 64 Lewis J. *Politics of Motherhood: Child and Maternal Welfare England, 1900-1939*. London: Croom Helm; 1980.
- 65 Rowbotham S. *Hidden from History: 300 years of Women's Oppression and the Fight Against It*. London: Pluto Classic; 1992.
- 66 Greer G. *Sex and Destiny: The Politics of Human Fertility*. New York: Harper and Row; 1984 p.374.
- 67 Greer G. 1984 p.370.
- 68 Fisher K. 2000 pp.161-193; Fisher K.2000 pp. 295-317; Fisher K. *An Oral History of Birth Control Practice c.1925-50: A Study of Oxford and South Wales*. Unpublished D.Phil thesis. Oxford University;1997
- 69 Fisher K. and Szreter S. They Prefer Withdrawal: The Choice of Birth Control in Britain, 1918-1950. *Journal of Interdisciplinary History*.2003: XXXIV 2; pp.263-291.
- 70 Davey C. Birth Control in Britain during the Inter-war years: evidence from the Stopes' correspondence. *Journal of Family History*.1988:13 (3); pp.329-345.
- 71 Parkes A.S. and King D. 1974.
- 72 Parkes A.S. and King D.1974.
- 73 Parkes A.S. and King D.1974 p.172.
- 74 Stocks M. *My Commonplace Book*. London: P.Davies; 1970 p.163; Mary Stocks, later Baroness Stocks, was an executive member of the National Union of Women's Suffrage Societies (N.U.W.S.S.) and later, with her friend Charis Frankenburg a midwife, founded the Manchester birth control clinic in 1925. The latter was the first woman to be given the Honorary Freedom of the City of Salford in 1973.
- 75 Stocks M. *Still More Commonplace*. London: P.Davies; 1973 p.18.

Chapter Three: Context-The background to the birth control movement

Introduction-the early campaigners

The emergence of the birth control nurse was the direct result of a range of developments within the birth control movement and the nursing and midwifery professions. The next section provides a context with the aim of placing the thesis within an historical framework. Because early debates around birth control were influential on later events, this will include an account of the relevant social and political developments of the late 18th, 19th and early 20th centuries and begins with an account of the early birth control campaigners.

Thomas Malthus

Although there is evidence that humankind has used methods of fertility control for many centuries, when tracing the campaign for birth control historiographies usually identify the work of Thomas Malthus as the starting point for the official history.

His writing was to be influential on occurrences within the birth control movement and his name synonymous with birth control. It should be noted that Malthus himself was not an advocate of artificial means of fertility control. In his influential '*Essay on Population*', published in 1798, he calculated that the population would grow in a geometrical ratio while food supplies increased arithmetically. The means of subsistence would therefore be insufficient to support the population; he thus proposed demographically based methods of natural and preventive checks to limit population growth. Thus, starvation and disease would act as natural checks to the population.

In order to achieve the preventive checks the poor were urged to exercise moral restraint, delay marriage and thus limit the number of children they produced. His views continued to be influential well into the twentieth century. Considering Malthus' opposition to artificial means of population control, it is somewhat ironic that the early birth controllers were known as Neo-Malthusians. This concern with population and the tendency to blame the poor for excessive reproduction remained a recurring theme. Although the years 1877-1879, when the trial of Bradlaugh and Besant took place, is often highlighted as the watershed for the birth control movement, 1823-1850 is also significant in terms of events and individuals. Place, Richard Carlile, and Dr Charles Knowlton were all individuals who made a significant contribution to or were influential within, the campaign for fertility control.

Francis Place

Francis Place (1771-1854) is credited with organising the first birth control campaign. This was aimed at the mass of the population, an element that was previously unknown. Place can therefore lay claim to the title of the founder of the birth control movement in England. Rather than the moral restraint espoused by Malthus, Place proposed the use of methods of fertility control. He recognised that the moral restraint advocated by Malthus was neither useful nor acceptable. Family limitation would allow earlier marriage, reduce promiscuity and venereal disease and would influence one of the other consequences of large families, the use of child labour. Indeed, it is because of his recommendation for the use of contraceptives that Wood and Suitters suggest that the later birth controllers should have been called Placeians rather than Neo-Malthusians.¹

As with other pioneers in this movement, Place was motivated by witnessing poverty, in his case within a debtors' prison. To him, family limitation was a means of improving the standard of living for the working classes. To increase knowledge of the methods of limitation he circulated four handbills that later became known as the '*diabolical handbills*'. Each was addressed to a particular group in society

- * *To the married of both sexes*
- * *To the married of both sexes in genteel life*
- * *To the married of both sexes of the working people*
- * *To the mature reader of both sexes.*

While the last bill was never circulated, the others were distributed in market places and were used to wrap household articles. This ensured that they did indeed reach their intended audiences. Place did not have the support of the medical profession, although he probably did seek advice from physicians and may have had help to write the handbills from his friend and founder of '*The Lancet*', Thomas Wakerley. Nonetheless although Place may have had little effect on the birth rate, he was instrumental in beginning an organised birth control movement.

Richard Carlile

Richard Carlile entered into correspondence with Place initially to express his opposition to birth control fearing that it would encourage immorality.² The response from Place appears to have had a great influence on Carlile as he later produced a book, '*Every Woman's Book: or What is Love? Containing Most Important Instructions for the Prudent Regulation of the Principle of Love and the Number of Family*'.³ As with the later work by Marie Stopes, his book was written in response to what Fryer describes as a '*flood of letters*' begging for more information to a remark made in '*The Republican*' that it was possible to control conception.⁴ The next phase of the birth

control movement involved an American doctor Charles Knowlton and his pamphlet, *'Fruits of Philosophy - An Essay on the Population Question'* originally published in 1832.⁵

Charles Knowlton and the Bradlaugh-Besant trial

It was Knowlton's essay which some forty years after its publication, was to instigate the trial of Charles Bradlaugh and Annie Besant in 1877, identified as a defining moment in the struggle for birth control in England.⁶ Knowlton was also the first to recommend the use of a syringe and douching solution. Instructions appeared in a later edition of his essay as follows

*syringing the vagina immediately after connection, with a solution of sulphate of zinc, of alum, pearl ash or any salt that acts chemically on the semen and at the same time produces no unfavourable effect on the female.*⁷

The method was described by a contemporary writer as a "*Complete Recipe how the trade of Strumpet may be carried on without its inconveniences or dangers*", thus providing an indication of the attitude towards fertility control at this time.⁸ Knowlton's work appears to have circulated freely for many years until 1877 when Henry Cook of Bristol produced an edition that contained "*obscene*" illustrations, probably of male and female genitalia. He was tried and sentenced to two years imprisonment with hard labour. However, the case brought the whole question of the legality of publishing birth control material into question. Charles Bradlaugh and Annie Besant took up the cause on the basis that the public had a right to access information about family limitation.⁹ They established the '*Freethought Publishing Company*' which printed and distributed the offending leaflet, notifying the police where and when the pamphlet would be available. Consequently, Bradlaugh and Besant were arrested.¹⁰ The trial eventually

took place at the High Court of Justice and it is said that Besant argued coherently and passionately for access to information on family limitation for the poorer classes. On the fifth day, the jury returned an ambiguous finding that the judge interpreted as a guilty verdict. The couple were sentenced to six months in prison and fined £200. An appeal was launched and in February 1878, the verdicts were set aside and the right to publish such information was secured.¹¹

This victory has been hailed as part of the democratisation of contraceptive knowledge. Indeed the sales of the pamphlets increased after the trial to 37,000 per year.¹² Besant herself produced a pamphlet *'The Law on Population'* which was regularly revised and updated.¹³ Over a period of several years she was able to recommend the safe period, withdrawal syringing, boudrache (condom), sponge, pessaries and the cervical cap, thus illustrating that knowledge and various methods were available to those sections of the population who could access the publications. It is also of note that, with the addition of the intra-uterine device, these methods continued to be the main methods of fertility control until the development of the oral contraceptive pill in the 1960s.

Stopes presents a dissenting view of the importance and influence of Bradlaugh and Besant. She argued that far from promoting the cause of birth control they damaged its progress. As a professed Christian she based this argument on the premise that the link to Freethought philosophy and its atheist stance had produced an unintended consequence; for Neo-Malthusianism to become inextricably linked in the minds of the public and the clergy with secularism. Moreover, she refutes the suggestion that the result of the trial made methods of family limitation accessible to the poor. She asserts

quite correctly that many leaflets were already available and cites as examples, '*Sexual Physiology*' by Dr. Trall and Dr. Allbutts', '*Wife's handbook*'.¹⁴ While the books cited by Stopes appear to identify the authors as doctors, Himes would assert that family limitation was not the province of medical doctors.¹⁵ As Peel has identified, many in the medical profession were opposed to contraception, although he argues that the strength of opposition has been over emphasized.¹⁶ Nonetheless, although there may have been a softening in opposition it was not until 1928 that methods of contraception were introduced into the curriculum at a limited number of medical schools.¹⁷ However, what is certain is that the Bradlaugh-Besant trial did provide the impetus for the relaunched Neo-Malthusian League, a venture previously attempted with little success on the 1860s.

The Malthusian League

Drawing its membership from the National Secular Society, the new league had the motto "*Non quantitas sed qualitas*" which means "*Quality not quantity*".¹⁸ It took as its objectives

*to agitate for the abolition of all penalties on the public discussion of the population question.....to spread among the people by all practicable means a knowledge of the law of population, of its consequences and of its bearing upon human conduct and morals.*¹⁹

Although taking the name of Malthus, they did not accept all of his arguments and instead focused on overpopulation as a cause of poverty. They aimed to educate the poor; influence the medical profession and produce appropriate propaganda to fulfil these aims.²⁰ From 1910, they held monthly lectures in which they repeatedly called upon the medical profession to fulfil their duty and to give advice to married people who wanted to limit their families or who were deemed unfit to have children.²¹

A sealed pamphlet, *'Hygienic Methods of Family Limitation'*, was issued free of charge to those who were prepared to sign an undertaking stating their age, marital status and sympathy with the aims of the League. The information was limited in scope, advising the condom and douche but was intended to reduce promiscuity and prostitution by encouraging people to marry at an earlier age. While influential, membership never rose above 1,224.²² Socialists were among those who actively opposed the League in its early days, but as time passed the founders of the League drifted away and even Annie Besant actively embraced the Socialist cause, joining the Fabien Society in 1885. This demonstrates the complexity of the strands of the birth control movement. Many of the most prominent members of the Malthusian League were also members of the Eugenic Society and/or supporters of feminism. For example although she did not subscribe to all of the League's beliefs, particularly the economic argument, Edith How Martyn campaigner for women's suffrage and birth control, joined the League in 1910; at that time it was the only organisation involved in family limitation. The next section explores the attitudes and the contribution of feminists to the birth control campaign in more detail.

The feminists

Initially there was a marked reluctance for feminists to become involved with the birth control movement. Indeed, it seems that only a minority of feminists had the vision to appreciate that smaller families would in fact emancipate women. Rather the argument they used against birth control was that it would negate the importance of abstinence advocated by the Church, and would free men from the need to moderate their sexual demands upon women.²³ Victorian feminists thus viewed birth control as simply

another means by which men could subjugate women.²⁴ Of more concern to feminists at this time, were the increasing number of single women and the few rights of married women.²⁵ As Hoggart has highlighted, there is general agreement among historians that feminists did not enter into the political campaigns for birth control until the twentieth century.²⁶ At this time, the feminists appear to have divided into two quite distinct movements: those who saw the emancipation of women as including matters like family limitation and those who wished to avoid any issue that might taint their respectability. Undoubtedly, birth control was problematic because of its identification with illicit sex and prostitution. Certainly, as Rover suggests, the campaign for birth control was viewed with contempt far greater than that directed towards the earlier crusades by Josephine Butler against the Contagious Diseases Act.²⁷ Thus, birth control played little part in the feminist movement until the fall in family size was already in progress.

This attitude did not persist after the First World War and once women had obtained the vote, the suffragists turned their attention to the provision of birth control. Lesley Hoggart identifies that a different type of feminism emerged between the wars, commonly referred to as the new welfare feminism.²⁸ Many women who were initially involved in the national Union of Women's Suffrage Societies (N.U.W.S.S.), and other feminist groups, became prominent birth control activists and members of the Eugenic movement, the roots of which and its development in Britain are covered later in this chapter.²⁹ Meanwhile the next section moves on to identify the attitudes of the religious fraternity toward the question of birth control. As will be demonstrated in later chapters Stopes was frequently embroiled in disputes with members of the Roman Catholic faith

and consequently this also influenced the working lives of the midwife-nurses in her clinics.

The attitude of the churches

At the beginning of the 20th century both the Anglican and Roman Catholic Churches were opposed to birth control while the Free Churches were largely supportive.³⁰ The 1908 Lambeth Conference of Anglican Bishops took the attitude that sexual intercourse was only for purposes of procreation and expressed concern at the increasing use of artificial methods to control fertility.³¹ By the end of the 1920s, the Church of England, while not averse totally to contraception, continued to maintain that intercourse within marriage should be with the aim of procreating and that

*Where there is a morally sound reason for avoiding complete abstinence...other methods may be used, provided that this is done in the light of Christian principles.*³²

The Roman Catholic (RC) Church was totally opposed to contraception and continued to campaign against its use throughout the period in question. Not only did they campaign against the opening of the clinics but they also encouraged their followers to vote against any Member of Parliament who supported birth control. Stopes always took the view that the RC Church was working against her personally and responded to any criticism with litigation or via her publication *'The Birth Control News'*. Leathard suggests that overall the impact of the opposition from the Roman Catholic Church was probably not that effective.³³ In the next section I explore the origins of a smaller organisation, which was to have a greater impact on the life and work of Marie Stopes, the Eugenic Society.

Eugenics

The word eugenics has its origins in the Greek "*eugenes*" meaning, "*well born*".

The Eugenics Education Society was founded in 1907 by Sybil Gotto. She took her inspiration from the works of Francis Galton, a cousin of Charles Darwin. Through her contacts with the Sociological Society, she was able to meet Galton and then work with him and the Moral Education League, to form a committee to take forward the idea of a Eugenic Society.³⁴ The members of the Society argued that mental and physical attributes were inherited, and that by selective breeding, the physical and mental capacities of human populations could be improved.³⁵ Thus while eugenics in *general* encompassed a range of ideas, British eugenics was particularly concerned with "*applying the laws of inheritance to the social problems of poverty and pauperism*".³⁶

This was of course directed at the lower social classes by a membership that was largely drawn from the medical, legal and academic professions. While there were numerous distinguished members, others just as illustrious were associated with the society. Furthermore, many names linked to the society also featured in the birth control movement.³⁷ Prominent politicians also flouted with the ideas offered by the society. It has been suggested that Winston Churchill, when in the post of Home Secretary, devised a plan to forcibly sterilise the mentally degenerate as a means of improving the stock of the British population.³⁸

Hall has identified the initial aims and objectives of the society as follows

*Persistently to set forth the national importance of eugenics in order to modify public opinion and create a sense of responsibility, in respect of bringing all matters pertaining to human parenthood under the domination of eugenic ideals: to spread knowledge of the laws of heredity so far as they are surely known and so far as the knowledge might effect improvement of the race; to further eugenics teaching at home, schools, and elsewhere.*³⁹

Eugenics remained a very complex issue and it is of interest that even within the movement there was conflict between the two approaches to the perceived problem of improving the racial strength of the nation. The most dominant, the Neo-Darwinism school adopted a positive approach that centred on encouraging a selection of the “*better stock*” to become parents; the negative approach aimed to restrict births among those considered unfit to be procreate.⁴⁰ It was within this latter approach that prominent members of the Malthusian League were to be found, thus illustrating the links between the two organisations both of which had a class bias in their approach to the perceived problem.

They were fears expressed by the Eugenics Society that the policies on taxation and education were in fact contributing to financial hardships for the educated middle classes, thereby encouraging them to restrict their families. By contrast, the effect on the working classes was to encourage them to have large numbers of children with a consequential dysgenic affect for the nation.⁴¹

For a small organisation, it had a powerful influence not commensurate with its size. It started with 341 members in 1907 but even in years where it reached a zenith, numbers were never above 750; nonetheless, the members were able to generate significant influence on social policy particularly in the Mental Deficiency Act of 1913 and the Wood Report of 1929. The Mental Deficiency Act of 1913 was seen as a particular victory for the Eugenics movement in their campaign to discourage what they termed “*the feeble minded*” from reproducing. The Act required that all those classified as mentally defective should be registered. Consequently, in 1920 this offered eugenicists

an opportunity to claim that the incidence of mental deficiency was increasing, leading to a campaign to introduce legislation, first for voluntary sterilisation swiftly followed by compulsory sterilisation.⁴² While promoting the adoption of voluntary and compulsory sterilisation, eugenicists also welcomed any progress in contraceptive methods directed at limiting the families of the “*unfit*”. It is notable that there were degrees of support for eugenics embedded in a range of respectable organisations. Even the Women’s Co-operative Guild added a cloak of respectability to the eugenics ideal, adopting what can be described as “*a naïve hereditarianism*” and supporting measures to bring sterilization onto the statute book.⁴³

A legacy from Henry Twitchin in 1930 allowed the society to expand its influence.⁴⁴ Thereafter the Society’s interests were diverse and included the development of birth control provision and a wide range of social policy interests. These were promoted in specially formed investigative groups such as the Population Investigation Committee, as well as in Parliament, health fairs, lectures and via films and literature.

As I will highlight in chapter four, much has been made of Stopes’ link to the eugenics movement and indeed her approach to this subject underpinned the philosophy within the Mothers’ Clinics. It thus impinged on the work which was undertaken by the midwife-nurse although as I will point out, her approach was at variance with the general trend of the eugenics society of which she was a Fellow.

To summarize, while appearing to be concerned with the laws of biology and science, British eugenics was a doctrine based on class. This was contrary to the trend within

the international movement, which placed emphasis on the racial element. The contribution made to the birth control movement by a life long Fellow of the Eugenics Society, Marie Stopes, and the possible influence of this movement on the midwife-nurses who worked in her clinic, will be explored in a later chapter in this thesis.

As noted earlier in this section, there was a focus on the dysgenic impact on the nation of a high reproduction rate among the eugenically undesirable working classes. This was part of a wider concern with the fall in birth rate and prompted measures to combat what was seen as a danger to the survival of the nation. Issues concerned with what was known as the "*Population Question*" are discussed in the following section.

Fertility decline, politics, and the population question

Fertility declined during the late 19th century in Britain as well as the rest of Europe, but the explanation of this demographic change continues to be the focus of debate among scholars from an eclectic range of disciplines. An exploration of these arguments is outside the remit of this thesis; suffice to say that in Britain this decline started in the late 1870s following the Bradlaugh-Besant trial. However, there is also evidence that suggests that this was uneven across and within classes (see Table 3.1). Generally, the higher social classes experienced an earlier and more rapid decline, while the birth rate among the working class declined more slowly but halved in the first thirty years of the 20th century (see Table 3.2).⁴⁵

Table 3.1. General fertility rate: live births per 1000 women aged 15-44

Period or year	Births per 1,000 women aged 15-44 England and Wales
1901-05	113.0
1906-10	105.3
1911-15	95.4
1916-20	80.2
1921-25	80.3
1926-30	67.8
1931-35	61.7
1936-40	60.9

Source: Coleman D.A. Population. In: Halsey A.H. (ed). *British Social Trends since 1900- A Guide to The Changing Social Structure of Britain*. 2nd edition. London: Macmillan Press Ltd; 1988 pp.36-134

Table 3.2. Comparative fertility 1911. Number of children ever born to married woman 1911, by social class of husband (at 20-25 years duration of marriage, age in 1911 less than 45). Standardised

Class	Rate /woman	Nature of class
I	4.24	Upper and middle
II	5.02	Occupations intermediate between I and III
III	5.86	Skilled occupations
IV	5.99	Occupations intermediate between III and V
V	6.54	Unskilled occupations
VI	5.37	Textile workers
VII	7.25	Miners
VIII	6.50	Agricultural workers

Source: Coleman D.A. Population. In: Halsey A.H. (ed). *British Social Trends since 1900- A Guide to The Changing Social Structure of Britain*. 2nd edition. London: Macmillan Press Ltd; 1988 pp.36-134.⁴⁶

Infant and maternal mortality

Linked to this concern about the declining birth rate was the concern with the high Infant Mortality Rate (IMR) and questions about the actual quality of the race. The Boer War (1899-1902) and the poor performance of the army brought the whole issue of national efficiency to the forefront. An observation written under the pseudonym of “*Miles*” by General John Frederick Maurice identified the poor physical condition of three out of five of the rejected recruits. Citing cases of anaemia, flat feet, and bad teeth, this prompted the Government to establish an Inter-Departmental Committee to report on the physical deterioration of the population. The terms for this report were to identify

*the steps that should be taken to furnish the Government and the Nation with periodical data for an accurate comparative estimate of the health and physique of the people; to indicate generally the causes of such physical deterioration as does exist in certain classes: and to point out means by which it can be most effectually diminished.*⁴⁷

The committee took evidence from a range of officials, anthropologists, and doctors.⁴⁸

The conclusions of the report published in 1904 were that the race itself was not degenerating. General Maurice was accused of being a poor witness and of having no real evidence for his assertion. Nonetheless, the Committee while rejecting Maurice’s evidence did conclude that

*The public health is obviously a question of the highest general concern and to the extent that local independence militates against its security, the principles of local self government must be subordinated to more important interests.*⁴⁹

Several recommendations were made in a move that reflected a concern with the public health and its effect on the nation. Issues such as overcrowding, slums, smoke pollution and the high rates of infant mortality were identified as areas that needed attention. In particular, mothering skills were identified as being inadequate with women’s

employment outside the home and the rejection of breast-feeding seen as of particular concern. The action to improve the outcome for infants therefore, while including measures to improve the collection and content of statistical data, predominantly focused on pre-emptive measures to improve the mothering skills of the working classes. However, while involving itself in the area, the Government also demanded that individuals, in particular the working class, should take responsibility for their own actions. Failure to take action to improve these skills would in turn contribute to national degeneration. One approach to the problem of educating mothers was in the establishment of “*Schools for Mothers*” the first of which opened in St Pancras in 1907. The “*School*” arranged classes on cookery, laundry, sewing baby clothes, produced advice cards and held fathers’ evenings. Kate Pound, interviewed for the series ‘*Out of the Dolls House*’, was one of the first to attend. She recalled that motherhood was seen as a craft and while she enjoyed the sessions, some of the other mothers viewed this surveillance as interference in their home life.⁵⁰

The marked emphasis on the development of maternal and child health services continued with further initiatives including the provision of school meals (1906), the registration of births (1907) and the provision of Maternal Insurance for some of the workers and spouses of male insured workers via the Health Insurance Act (1911). However, this provision did not extend to married working class women not employed outside the home who thus continued to have limited access to health care.⁵¹

This impetus to improve the health of the nation continued after the First World War. However, while IMR declined in the first years of the twentieth century, maternal

deaths remained constant. The conditions of women and the services available to them are further explored in the main body of the thesis in chapters, four, five and six.

Other contextual issues which impacted on the clinic also require clarification. The first of these is the law on abortion which is explored in the next section.

Abortion

There is ample evidence that abortion has always been used by some women as a means of controlling their fertility.⁵² Indeed Petechesk has asserted that “*abortion has been the means to which women have resorted with greatest persistence over time*”.⁵³

The frequency of abortion was commented upon by ancient writers with Pliny identifying drugs which would produce the desired effects.⁵⁴ However during the period under discussion abortion was illegal although there was confusion, sometimes deliberately engineered, between abortion and birth control. The use and perceived meaning of the term ‘*quickenning*’ is also worthy of clarification. The rationale for this being that this concept influenced the perception and thereby confusion of women towards, abortion and birth control in their dealing with the midwife-nurses in the Stopes’ clinics; a confusion that could be argued still persists in the 21st century in relation to the use of some methods of contraception. Thus in order to contextualise the ensuing discussion it is expedient to begin by exploring the development of the law surrounding abortion.

Abortion before 1803

Prior to 1803 any instances of abortion were dealt with by the Ecclesiastical Courts, the act of abortion being seen as very much a moral issue.⁵⁵ The basis, upon which

decisions as to the severity of the act of abortion were made, centred upon the notion of the “*vivification*” or ensoulment of the embryo.⁵⁶ This was thought to occur at different times, depending on whether the embryo was male (40 days) or female (80 days). The result of this categorisation was that any abortion within the first 3 months of pregnancy was not seen as an offence of murder. As Luker has indicated, the difficulty in actually *confirming* a pregnancy meant that this time limit would often be inadvertently extended.⁵⁷ Therefore ‘*quickening*’, the time at which a woman first becomes aware of foetal movement, became the important defining event. Moreover, even if a woman was found guilty of the act of abortion, the penalty also varied depending on the length of her pregnancy.⁵⁸ The involvement of the State, and the various Acts pertaining to abortion enacted prior to the establishment of the Marie Stopes’ Mothers’ Clinic in 1921 and during the period under study are discussed in the following section.

Recognition by the State

Why abortion suddenly became of interest to the State is subject to debate. McClaren proposes two ideas; the need to reform the law on infanticide and the wish by the medical profession to further extend their monopoly of care and thus to dispense with what they saw as the lay concept of ‘*quickening*’. Additionally Keown asserts that Lord Ellenborough wished to clarify the law.⁵⁹ This first Act in 1803 effectively achieved one of these aims repealing the law on infanticide and introducing a new crime which criminalised pre-quickening abortion. For the medical profession there were two unwanted consequences of this first Act. Doctors performing what they would see as a therapeutic abortion could also in theory be prosecuted, and the term and concept of quickening which they viewed with such disapproval, was retained.

This first Act was revised in 1828, simplifying the existing Act and introducing a new clause prohibiting the use of instruments to procure abortion both pre and post quickening. To the satisfaction of the medical profession, *'The 1837 Offences Against the Person Act'* abandoned the use of the concept of quickening, one consequence of which was the undermining of female knowledge and authority. The vivication of the foetus was now taken to be present from conception. Additionally, opportunities for the prosecution of those outside the medical profession who performed abortion were widened. Finally *'The 1861 Offences Against the Person Act'*, the most draconian of the abortion laws, created the offence of procuring an abortion, whether or not the woman was in fact pregnant. Only doctors could now claim that they had performed an abortion as a "*treatment*".⁶⁰

This Act remains upon the statute book and formed the basis for an unsuccessful legal challenge on the sale of over the counter Post Coital Contraception (PCC) by the Society for the Protection of Unborn Children (SPUC) in 2002. They maintained that making PCC available in this way contravened Section 58 of the *'Offences Against the Person Act'* of 1861.

During the period under study there was one further addition to the law.

Although little used, the *'Infant Life Preservation Act'* of 1929 was created to give protection to a child "*capable of being born alive*" that is, after 28 weeks of gestation.

*any person who, with intent to destroy the life of a child capable of being born alive, by any wilful act causes a child to die before it has an existence independent of its mother, shall be guilty of a felony... ..*⁶¹

However the 1929 Act also appeared to allow therapeutic abortion on physiological grounds, after 28 weeks of pregnancy but only to preserve the life of the mother. The mental health of the mother was recognised as requiring similar consideration following the trial of Mr Aleck Bourne in 1938.⁶²

Thus, when Stopes opened her first clinic in 1921 abortion remained a serious criminal offence. However as noted earlier, there appeared to be a marked difference between the law and the view of abortion espoused by many women, particularly within the working classes. The attitude remained that if they were less than 3 months pregnant they could take action to “*put themselves (sic) right*”.⁶³ This stance was also pervasive among some women who professed to be Roman Catholic. While recognising that birth control was forbidden they nonetheless saw abortion before the third month of pregnancy as a legitimate means of controlling fertility.⁶⁴

The gendered nature of birth control meant that abortion was the only method of fertility control which was available and under the control of many of the poorer woman. It would appear that they resorted to this as an alternative or as a consequence of the failure or non-use of a male method such as coitus interruptus or the sheath by their husbands.⁶⁵ Accordingly, the idea that it was acceptable to terminate a pregnancy before quickening remained a part of the psyche of many women who appeared to be ignorant of the law, and unaware that abortion was illegal. It is pertinent to note that many, although not all, of the women attending the Stopes clinic came from the working class, a section of the population that has been identified as using coitus interruptus and abortion as their main methods of fertility control.⁶⁶ However, it must

not be assumed that only working class women made use of abortion. McLaren has indicated that because of their access to and uses of contraception, the middle classes were less likely to have unwanted pregnancies. Moreover in the event of having an unwanted pregnancy terminated they were also less likely to come to the attention of the authorities because of their ability to access a skilled practitioner or abortionist.⁶⁷

In addition to the misunderstanding surrounding abortion, I have also indicated that the proponents of birth control also had to contend with the mistaken idea that birth control and abortion were synonymous, an idea which appears to have been encouraged by their opponents.

The Central Midwives Board (CMB)

To contextualise the use of midwives in the clinic, it is pertinent to briefly explore some of the issues around the professionalisation of midwifery in 1902, the registration of midwives and the functions of the CMB. As Donnison indicates the professionalisation of midwifery occurred later than other European countries. The delay is attributed to the attitude of the medical profession, the difficulty with the variety of women who identified themselves as midwives and the Midwives Institute which sought to make registration the means by which the profession became one for educated women. The registration of midwives was also linked to the general concern about the fitness of the population which I referred to earlier in the chapter. Despite ongoing opposition, '*The Midwives Act*' was introduced in 1902, becoming active from April 1903. The Act established the Central Midwives Board (CMB) as the regulatory body for the profession with the role of protecting the public by supervising the work of midwives under the auspices of the Local Supervisory Authority (LSA). Thus the CMB

established the rules and maintained the Roll of Midwives while the LSA supervised and reported on the standards of midwifery practice. The disciplinary powers of the former were extensive, the most severe penalty being removal from the Roll of Midwives.

Qualifications recognised by the CMB in 1902

In the early years of its' existence there were three types of midwife certified by the CMB; the hospital trained midwife, that is trained in a CMB approved training institution; those possessing the London Obstetrical Society or other recognised certificate and *bona fide* midwives, women of good character who had been in practice for at least one year before the inception of the CMB. Uncertified midwives, or handywomen, were not seen as acceptable for CMB certification but were nonetheless allowed to practice until 1910 when a change in the law made it illegal to act as a midwife "*habitually and for gain*".⁶⁸ In spite of the CMB, handywomen continued to practice widely and were a cheap alternative for the poorer women. A further '*Midwives Act*' in 1921 attempted to consolidate the control of unregistered practitioners but it was not until 1936 that uncertified women were barred from any aspects of maternity care.⁶⁹ The Midwives Roll of 1905 contained 22,308 names and identified the route by which these first CMB Midwives attained certification onto the Roll, the *bona fide* midwives exceeding those who had undergone some form of training. This balance was gradually reversed as the numbers on the Roll increased although many of these did not notify their intention to practice (see Table 3.3).⁷⁰

Table 3.3 Numbers of midwives appearing on the CMB Roll and those notifying intention to practice 1923 and 1930.

Year	Number on Roll	Number giving notification of practice
1923	48,480	11,295
1930	52,006	13,873

Source: Central Midwives Board Annual Reports for years ending 1924 and 1931.

Conclusion

This narrative has offered a brief insight into the complexity of some the routes to the provision of birth control services. From its earliest official history, the area attracted controversy and debate from a broad range of advocates and opponents. The Bradlaugh-Besant case, while establishing the rights for the publication of birth control information, was also the impetus for the rejuvenation of the Malthusian League. The declining fertility rates of the higher classes together with concerns over the general standard of health of the population after the Boer war, led to the identification of the need to improve not only the health of the general population but the chances of survival for new infants. Rather than the health of mothers, the policies concentrated on improving what was seen as the poor mothering skills of the lower classes. The creation of the CMB was seen as an additional route by which to improve the infant mortality rate. Linked to this issue was abortion as a means of fertility control by women. As the country recovered from the tragedies of the First World War, one of the most influential books of the century, *‘Married Love’*, was about to be published by Marie Stopes.⁷¹ This would eventually lead to a challenge to the political and religious barriers to the provision of birth control services and the involvement of midwives and nurses in a new and controversial area of clinical practice.

1 Wood C. Suitters B. *The fight for acceptance: a history of contraception*. Aylesbury: Medical and Technical; 1970 p.13.

2 Fryer P. *The Birth Controllers*. London: Transworld; 1965.

3 McLaren A. *Birth control in nineteenth century England*. London: Croom Helm; 1978 p. 52.

4 Fryer P.1965; Richard Carlile and William Sherwin produced a journal '*Sherwin's Political Register*'. Following the publication of a report on the Peterloo Massacre in 1819, the authorities raided the shop confiscating all copies. Carlile responded by changing the name of the publication to '*The Republican*'.

5 Knowlton C. *Fruits of Philosophy: an essay on the population question*. London: Forder; 1894.

6 Fryer P.1965. Charles Bradlaugh. Politician and Freethinker formed the National Secular Society in 1866. He was elected to Parliament as a Liberal in 1880. Source: Royle E. *Charles Bradlaugh (1833-1891)* Oxford Dictionary of National Biography (2004) Oxford University Press accessed online 20th June 2007 <http://www.oxforddnb.com>; Annie Besant (née Wood) Member of the secular society, philanthropist and activist. She supported the match girls when they went on strike in 1888 and helped to establish the first union for women. She published literature on birth control but later withdrew these when she turned to Theosophy as they were deemed incompatible with the Theosophical doctrine. Source: Taylor A. *Annie Besant (née Wood) (1847-1933)* Oxford Dictionary of National Biography (2004) Oxford University Press accessed online 20th June 2007 <http://www.oxforddnb.com>

7 Knowlton C. 1894 p.48.

8 Cited in Green S. *The curious history of contraception*. London: Ebury Press; 1971 p.69.

9 Fryer P.1965.

10 Freethought is a philosophical doctrine that bases beliefs on science and logical principles.

11 Fryer P.1965.

12 Himes N. E. *Medical history of contraception*. New York: Schocken Books; 1970.

13 Besant A. *The Law Of Population: Its Consequences and Its bearing upon Conduct and Morals*. London; The Freethought Publishing Company; 1884.

14 Stopes M.C. *Early Days of Birth Control*. 2nd edition. London: Putnam and Sons; 1922.

15 Himes N.E. 1970.

16 Peel J. Contraception and the Medical Profession. *Population Studies*. 1964:18; pp.134-146.

17 Coleman D.A. Population. In: Halsey A.H. (ed). *British Social Trends since 1900- A Guide to The Changing Social Structure of Britain*. 2nd edition. London: Macmillan Press Ltd; 1988 pp.36-134.

18 Ledbetter R. *The history of the Malthusian League*. Columbus: Ohio State University Press; 1976 p.16.

19 How Martyn E. and Breed M. *The birth control movement in England*. London: John Bale, Sons and Danielsson; 1930 p.10.

20 Leathard A. *The fight for family planning*. London: The Macmillan Press; 1980.

21 Note that many members of the Malthusian League were also members of the Eugenics Society. Edith How Martyn was born in 1875. After obtaining a degree from University College Aberystwyth and an external degree from the University of London she became a mathematics lecturer. She was a member of the Women's Social and Political Union (WSPU) and was arrested and in 1906 was imprisoned for her activities. Critical of the Pankhurst's leadership, she formed the Women's Freedom League with two other dissidents. She stood as an Independent candidate in the 1918 General Election but lost her deposit. She had joined the Malthusian league in 1910, and was an associate of the American birth control campaigner Margaret Sanger. In 1921 How Martyn helped establish the League's birth control clinic in Walworth. She became an active campaigner in the fight to use local authority Maternity and Child Welfare Centres as the vehicle by which to bring birth control advice to poorer women. In 1929 she created the Birth Control Information Centre. She immigrated to Australia in 1939 where she died in 1954. Source: Frances H. *Edith How Martyn (1875-1954)* Oxford Dictionary of National Biography (2004) Oxford University Press accessed online 20th August 2007 <http://www.oxforddnb.com>.

22 Ledbetter R. 1976.

23 McLaren A. *A history of contraception from antiquity to the present day*. Oxford: Basil Blackwell; 1990.

24 McLaren A. 1990.

25 Banks J. A. and Banks O. *Feminism and birth control in Victorian England*. Liverpool: Liverpool University Press; 1964.

26 Hoggart L. *Feminist campaigners for birth control and abortion rights in Britain Studies in British History Volume 69*. Lewiston: The Edwin Mellen Press; 2003.

27 Rover C. *Love, Morals and the Feminist*. London: Routledge & Kegan Paul; 1970.

28 Hoggart L. 2003.

29 Mary Stocks, later Baroness Stocks was an executive member of the N.U.W.S.S. and later with her friend Charis Frankenburg who was a qualified midwife, founded the Manchester and Salford birth control clinic in 1925. The latter was the first woman to be given the Honorary Freedom of the City of Salford in 1973.

30 How Martyn E. and Breed M. 1930.

31 Leathard A. 1980.

32 Soloway R.A. *Birth Control and the Population Question in England, 1877-1930*. Chapel Hill: University of North Carolina Press; 1982. pp.251-255; *Birth Control News*. November 1930: IX (7); xx.

33 Leathard A. 1980.

34 Mazumdar P.M. *Eugenics, human genetics and human failings: the Eugenics movement, its sources and critics in Britain*. London: Routledge; 1992.

35 Macnicol J. Eugenics and the campaign for voluntary sterilization in Britain between the wars. *The Society for the Social History of Medicine*. 1989 Aug; ; pp. 147-169.

36 Mazumdar P.M. 1992 p.7.

37 Macnicol J. 1989.

38 Ponting C. *Winston Churchill*. London: Sinclair-Stevenson Ltd; 1994.

39 Hall L. Illustrations from the Wellcome Institute Library. The Eugenics Society Archives in the Contemporary Medical Archives Centre. *Medical History*. 1990: 34; p.328.

40 Ledbetter A. 1976.

41 Hall L. 1990 p.329.

42 Macnicol J. 1989.

43 Hall L. 1990 p.329.

44 Hall L. 1990 p.328.

45 Seccombe W. Starting to Stop: Working-Class Fertility Decline in Britain. *Past and Present*. 1990:126; pp.151-188.

46 Coleman points out that Classes VI-VIII were thought sufficiently important to warrant separate identification in the 1911 census. Classes' I-V is similar to the Registrar Generals Social Class scale. See Coleman D.A. 1988 p.46.

47 *Report of The Inter-Departmental Committee on Physical Deterioration*. Volume One: Report and Appendix (Cd. 2175) 1904-1905.

48 Oakley A. *The captured womb: A history of the medical care of pregnant women*. London: Blackwell; 1985 p.35.

49 *Report of The Inter-Departmental Committee on Physical Deterioration*.p.24.

50 *Out of the Doll's House: Part 1 Motherhood*: BBC TV; 1988. Interview with Kate Pound.

51 Thane P. *Foundations of the Welfare State*. 2nd edition. London and New York: Longman; 1996.

52 McLaren A. *Reproductive Rituals*. London: Methuen; 1984; Shorter E. *Women's Bodies. A Social History of Women's Encounter With Health, Ill-Health, and Medicine*. New Brunswick and London: Transaction Publishers; 1991 p.178.

53 Petchesky R. P. *Abortion and Woman's Choice: The State, Sexuality and Reproductive Freedom*. Boston: North Eastern University Press; 1991 p.26.

54 Luker K. *Abortion and the Politics of Motherhood*. Berkeley: University of California Press; 1984 p.12.

55 McLaren A.1984.

56 McClaren A.1984 p.129; Luker K.1984.

57 Luker K.1984 p.13.

58 McClaren A. 1984.

59 Keown J. *Abortion, doctors and the law*. Cambridge: Cambridge University Press; 1988.

60 Keown J. 1988.

-
- 61 Ministry of Health Home Office. *Report of the Inter-Departmental Committee on Abortion* London: HMSO 1939 pp. 28-29.
- 62 Brookes B. *Abortion in England 1900-1967*. London: Croom Helm; 1988.
- 63 McLaren 1999 p.76.
- 64 Kerr M. *The people of Ship Street*. London: Routledge and Kegan Paul; 1958;
 Roberts R. *The classic slum. Salford Life in the first quarter of the century*.
 Manchester: Manchester University Press; 1971 p.100.
- 65 Cohen D. Marie Stopes and the Mothers' Clinics. In: Peel R.A. (ed). *Marie Stopes, Eugenics and The English Birth Control Movement*. London: The Galton Institute; 1997 pp.77-94.
- 66 Lewis J. *Politics of Motherhood: Child and Maternal Welfare England, 1900-1939*. London: Croom Helm; 1980 p.96.
- 67 McLaren A. 1977.
- 68 Donnison J. *Midwives and Medical Men. A History of the Struggle for the Control of Childbirth*. New Barnet and London: Historical Publications Ltd; 1988.
- 69 Bent. E.A. The growth and development of midwifery. In: Allen P. and Jolley M. (eds). *Nursing, midwifery and health visiting since 1900*. London: Faber and Faber; 1982 pp.182-183.
- 70 PRO DV7/16 CMB Annual Report 1923; PRO DV7/ 23 CMB Annual Report 1930.
- 71 Stopes M.C. *Married Love*. 18th edition. London: Putnam and Sons; 1923.

Chapter Four: “Joyous and deliberate motherhood” established

Introduction

The two preceding chapters have provided the context for the remainder of the thesis. I have demonstrated that the history of the birth control movement and the development of contraceptive services in Britain have been explored by a variety of authors, but the part played by nurses and midwives has been largely ignored. This and the next three chapters now address the crux of the study, the exploration of the role and work of the midwife-nurses. The arrangement of these is as follows: chapters four and five explore what would now be called the logistics or the processes by which both the main Mothers’ Clinic and later the Caravan Clinics came into existence. Chapters six and seven will scrutinize the nature of the work and the contribution of the midwife-nurses working at what Christopher Maggs has described as “*the sharp end of practice*” which for the purposes of this study encompasses the Mothers’ and Caravan Clinics established by Marie Stopes.¹ The content of this chapter is now outlined in more detail.

Marie Stopes as the instigator of these developments is obviously a key figure. The impact of her own life experiences has been suggested as determining her involvement in the birth control movement. Her personality, described as “*provocative and flamboyant*”, and her personal beliefs also came to bear on the way in which her clinics were organised and the work undertaken by the midwife-nurses who were in her employ.² She played a key role in both creating and delineating the boundaries of practice for the midwife-nurses. Therefore the first section continues the exploration of Stopes’ life commenced in the previous chapter. This will demonstrate that although

she was a product of her time she also went against the social mores of the period by bringing a discussion of sexual techniques and the control of fertility into the public gaze. Her life up to 1921 illustrates the driving forces that led her to write '*Married Love*' and to establish a birth control clinic and are thus pertinent to the study. Her own experiences *appeared* to have inspired her to make this information available to others. Thus Stopes commenced her endeavour to give more women access to birth control first via her individual publications and later moving on to involve others by establishing the London clinic which included a domiciliary service. This enterprise, and the number of individuals involved, was further expanded by the use of the Caravan Clinics, creating an outreach service which fulfilled several purposes; providing access to birth control for additional women; involving a range of other professionals via training and finally what could be described as proselytising the birth control message through a mix of public meetings and the sale of books and leaflets.

Moving on from the overview of Stopes life, the chapter continues with a section which serves to further contextualise the reality of maternal and infant mortality and the response of successive governments to this problem previously alluded to in chapter three. The rationale for the inclusion of this material is that Stopes, and later the midwife-nurses, were seemingly dedicated to improving the social conditions for women, and that this awareness of the lot of childbearing women arguably provide the impetus for the individual actions of both Stopes and the midwife-nurses. Additionally the availability and patterns of use of contraception needs to be considered. So that the importance of the clinic per se is not overstated it is important to acknowledge that many of the population were already engaged in using different forms of contraception.

The evidence for this is seen in the decline in the birth rate. Note however that a degree of ignorance about the methods of fertility control still remained and that this varied both between and within classes. Therefore I will discuss the modes of fertility control which were available and their patterns of use before moving on to the actual establishment of the Mothers' Clinic. The use of criminal abortion as a means of fertility control is mentioned briefly in the exposition, but is covered in greater depth in chapter seven. However while not wishing to underestimate the importance of the patterns of usage of birth control this is not the focus of this thesis. Rather it is concerned with exploring the contribution to the campaign for birth control services and the opportunities the clinic presented for the development of the role of the midwife-nurses. So following on from the exposition on the life of Marie Stopes, this chapter will examine the foundation of the clinic and the Society for Constructive Birth Control and Racial Progress (SCBC) and the recruitment of the first midwife-nurses. To date their identity and the contribution they made to the development of this service has remained a hidden aspect. The former is rectified in this chapter while the latter is covered in chapters six and seven.

In attempting to give an identity to this group of midwife-nurses, I started with Cohen's proposition that by occupation and incomes the midwife-nurses were members of the lower middle class although many were of working class background.³ She did not cite any evidence to support either assertion. Data obtained from the nominal record linkage technique outlined in the methodology chapter, was used to identify the antecedents and social class for each of the midwife-nurses employed from 1921-1931. This has been achieved with varying success, depending on the amount of information available

within the archives which can be used to identify each individual in the 1891 and 1901 censuses and to trace their birth, marriages and deaths in the relevant indexes.

Accessing information from the CMB Roll of Midwives has validated the midwifery qualifications of some the recruits and added to the knowledge necessary to obtain details of these individuals from the other sources; for example by identifying their full names and addresses. Thus this chapter contributes to achieving the overall aim of the thesis by addressing the first research question and continues to identify the social, medical, professional, and legal influences that contributed to the development of birth control nursing in the Marie Stopes Mothers' Clinics. The chapter now commences with an exploration of the first forty years of Stopes' life from her birth in 1880 to 1921, the latter being the date when the Mothers' clinic opened.

Marie Stopes the individual

The rationale for exploring her life has previously been alluded to but to reiterate, she played a pivotal role, not only in the development of the clinic, but subsequently in the experiences of the midwife-nurses and the individuals to whom they provided services. In 1914, in the forward to a book of her poems, Stopes wrote that she had mapped out a plan of the life she wanted to live. She would spend twenty years in scientific research twenty on philosophy followed by twenty years of humanitarian work.⁴ This did not quite go to plan. Rather her adult life can be divided into two main periods: her distinguished career in paleobotany occupied the first 20 years while the last 38 years saw her as a pioneer of birth control, a poet, playwright, and author.⁵ In exploring her life I wish to focus on four particular strands that I feel are of importance to this thesis, academic background; personal/marital life; influences of feminism and eugenic ideals.

During her life she was a celebrated academic in her chosen field of paleobotany. Her scientific training was evident in the approach adopted to her work with birth control and her writings on sexuality, all of which she maintained were scientifically valid. Her personal life, including her sexuality is of note as popular perception, and one which Stopes herself used, is that her difficulties in this area provide the rationale for her involvement in birth control movement. I have deliberately placed emphasis on the personal and sexual history as far as it can be known, as I feel it is important to appreciate how this impacted on Stopes' subsequent work within the birth control movement and thus influenced her approach to the service provided in the clinics. Her attitude toward feminism is generally ignored by those who write about or produce documentaries charting her life. Instead they focus on eugenics as a rationale for her wish to curtail the fertility of members of the working class. While there is substance to this opinion, I suggest that there are other aspects of both her attitude to feminism and eugenics which need to be taken into consideration. There is sufficient material about this pioneer of birth control on which to draw for these insights into her early life. This includes six biographies, five of which have been accessed for this thesis and other evidence contained within the archival sources.⁶ The following section explores Stopes' early years.

Early years

Marie Carmichael Stopes was born into a Baptist family in Edinburgh in 1880, the elder of two daughters. Her parents made their first acquaintance at a meeting of the British Association for the Advancement of Science and married in 1879. Her mother Charlotte was an ardent feminist and was the first woman in Scotland to take the

University Certificate in Literature and Philosophy. She was however unable to be awarded a degree at this time as degrees were withheld from women although they sat the same examinations as the male students. Throughout her life she was renowned as a distinguished Shakespearean scholar. Stopes father was an architect by profession but had a passion for fossils, an enthusiasm shared by his elder daughter. With her sister Winifred, Marie enjoyed a privileged if puritanical childhood.⁷ In London, the first family residence was a large house adjacent to Crystal Palace although they later moved to a house in Hampstead. From an early age, Marie mixed in impressive circles and among the many visitors she encountered were Norman Maccoll, editor of the *Athenaeum*, Captain Seton Karr, a lion hunter, orientalist and philologist Professor Sayce, and of particular interest because of her later link with eugenics, Sir Francis Galton.⁸ Her early education was somewhat erratic. Initially educated at home, she was sent to St Georges School in Edinburgh just before her twelfth birthday where she remained for two years. Thereafter her schooling continued at the London Collegiate School where she attended only the morning lessons. It is all the more remarkable that in spite of her lack of official education she gained a scholarship in science to University College London which as detailed below, proved to be the beginning of a remarkable academic career in science.⁹

Academic background

A summary of her academic achievements and careers is as follows; at University College London she wished to take an unorthodox route to her degree requesting that she be allowed to enter the chemistry course honours level thus bypassing the intermediate examination. Her request was refused but undaunted she managed to find

another subject, botany, where the professor was agreeable to the arrangement. She entered for the examinations after only two years of study, gaining a Bachelor of Science degree with honours in botany and geology. She completed her studies undertaking a doctorate in Munich in 1904. An appointment in Manchester University as the first woman lecturer on the Science Faculty, culminated in her becoming the youngest Doctor of Science in England. She was made a Fellow of University College London, the Royal Society of Literature, and the Linnaean and Geological Societies.¹⁰ Her appointment as Assistant Lecturer in Botany at Owens College, Manchester warranted an announcement in the *'British Journal of Nursing'* beneath a report of a lecture delivered by her mother at Toynbee Hall.¹¹ Rayner notes that Stopes has been described as the "*mother of coal research*". Her work on the classification of the constituents of coal, vitrain, clarain, durain and fusains, which she devised in 1918 are still viewed as a classic treatise.¹²

Stopes career as an eminent scientist was all the more impressive at a time when women were actively discouraged from pursuing science as an academic discipline. She was to employ her scientific training both to her writing on sex and birth control and to her work within the clinics. Just to note here that Stopes was not happy with the term birth control. She maintained that as a scientist she felt it inappropriate but she declared herself willing to use it as it appealed to the women whom she wanted to help.¹³ What was really the crux of her reason for disliking the term is not stated, but it is possible that she was probably disgruntled that the term had been coined by the American birth control campaigner Margaret Sanger; although initially forming a friendship they were later to become opponents.¹⁴ It was also via her academic work that Stopes was to meet

her first husband; a meeting which would become the catalyst for her involvement in the campaign for birth control. The following section explores the events leading up to this meeting and the actions which ensued.

Personal/marital life

Her puritanical upbringing and palaeobotany, the area of her scholarly expertise, appear an unusual combination to produce an individual who was to become a pioneer in matters of human sexuality and contraception.¹⁵ There are several strands in her personal life which influenced these developments. The first was a thwarted love affair with a married Japanese Professor Kenjiro Fujii in 1909 following which she embarked upon what may have been simply a deep friendship or the beginning of a lesbian affair with a Dr. Helen McMurchy, in Vancouver. As Hall has identified, most of the correspondence pertaining to this particular relationship has not survived.¹⁶ This is perhaps testament to the determination displayed by Stopes to destroy any controversial documentation, a factor which makes it difficult to fully assess the nature of the liaison although Stopes always denied that she was bisexual.¹⁷ The relationship was only short lived and was followed by flirtations with two men, Henry Bassett and Charlie Hewitt both of whom were already involved with other women. As a result of these dalliances Hewitt's engagement was broken and shortly afterwards Bassett rejected Marie's proposal of marriage. With her love unrequited, she sailed for the USA and Canada to attend a series of scientific conferences. At a dinner given by the Botanical Society in St. Louis on 29th December 1910 she met Reginald Ruggles Gates, variously described as a geneticist or a botanist.¹⁸ There followed a whirlwind romance; within a week he had proposed and they married at the Windsor Hotel in Montréal on 18th March 1911.¹⁹

She did not take her husband's name, citing her belief in feminism and the fact that so many university card indexes and catalogues bore her maiden name as the reasons for this decision.²⁰ Although initially appearing to be a successful match, in reality the marriage was a deeply unhappy one. Despite what were seen as quite outrageous public displays of physical affection there were problems in the physical side of their relationship, and the marriage was not consummated. Stopes later cited her puritanical upbringing for what she described as her "*sex ignorance*" in not realising that her husband was impotent.²¹ However her claim to have been sexually naïve has been challenged by several authors who suspect that her relationships with the Japanese Professor Kenjiro Fujii and her biographer Aylmer Maud (who later moved into the home she shared with Gates) were not platonic as Stopes always claimed.²²

The evidence is ambiguous but Ruggles Gates always refuted the accusation of impotence and non-consummation of the marriage. He remarried twice. The first was in 1929 to a Miss J. Williams, the marriage described by Rushton as "*being set aside*".²³ The second in 1955 was to a Mrs Laura Greer of Texas. Following his death in 1962 at the age of 80, his widow deposited his papers in the British Library, access to which I have found most illuminating. A statement therein, "*For over 30 years the friends of Marie Stopes have been working to make it appear that she descended from heaven*" displays his bitterness over Stopes' behaviour. He asserted that although the lies had persisted for forty years he had kept his silence in the belief that the truth would eventually emerge.²⁴ One aspect of their sexual relationship which he stated he disliked intensely was her insistence that they use birth control. This had involved a visit to a doctor to obtain a sheath, an experience which he had found intensely unpalatable; the request had been granted and the contraceptives supplied on condition that it was only

for short term use. He is adamant in his statement that they also had frequent sexual intercourse as she was “*super sexed to a degree which was almost pathological*” and but for the use of birth control (this time female pessaries) by Stopes she would have been pregnant in 1913.²⁵ As a defence against the charge of impotence his papers included records of fertility tests taken in 1930 and 1947. Both attested to his fertility, the sperm counts showing high mobility of sperm and a count of 26 million sperm per cubic centilitre.²⁶ His use of fertility tests to refute the accusation is interesting. Impotence, or in modern parlance erectile dysfunction, is the inability to attain and /or sustain an erection. This obviously contributes to infertility as full intercourse cannot be achieved. Nonetheless while confirming that he was not infertile the test results cannot support his contention that he was not impotent. Moreover the fact that Gates, even forty years later was still producing evidence of his potency as a defence against the charge of impotence in itself suggests he was in denial about the truth of his sexual difficulties. An extract from his obituary offers further insight into his character.

*He was almost effeminate in his gentleness but he had a core of resilience and when occasionally he became involved in unworthy controversies, sometimes on the wrong side, he rarely admitted to error or retracted any statement previously made.*²⁷

Thus, whatever the reality of the relationship and whether Stopes was truthful to the court (and there were instances in the future which would also add credence to her lack of veracity), the High Court of Justice declared the marriage null and void in 1916 on the grounds that Stopes, by now 36 years old was still *virgo intacta*.²⁸ Nonetheless whether real or fabricated, it was this “*sex ignorance*” which provided the impetus for her to undertake research into sexuality, and produce the manuscript of a book ‘*Married Love*’. This was to lay the foundations for men and women to have control over their own reproduction and a greater awareness of sexual freedom.²⁹ In the next section I

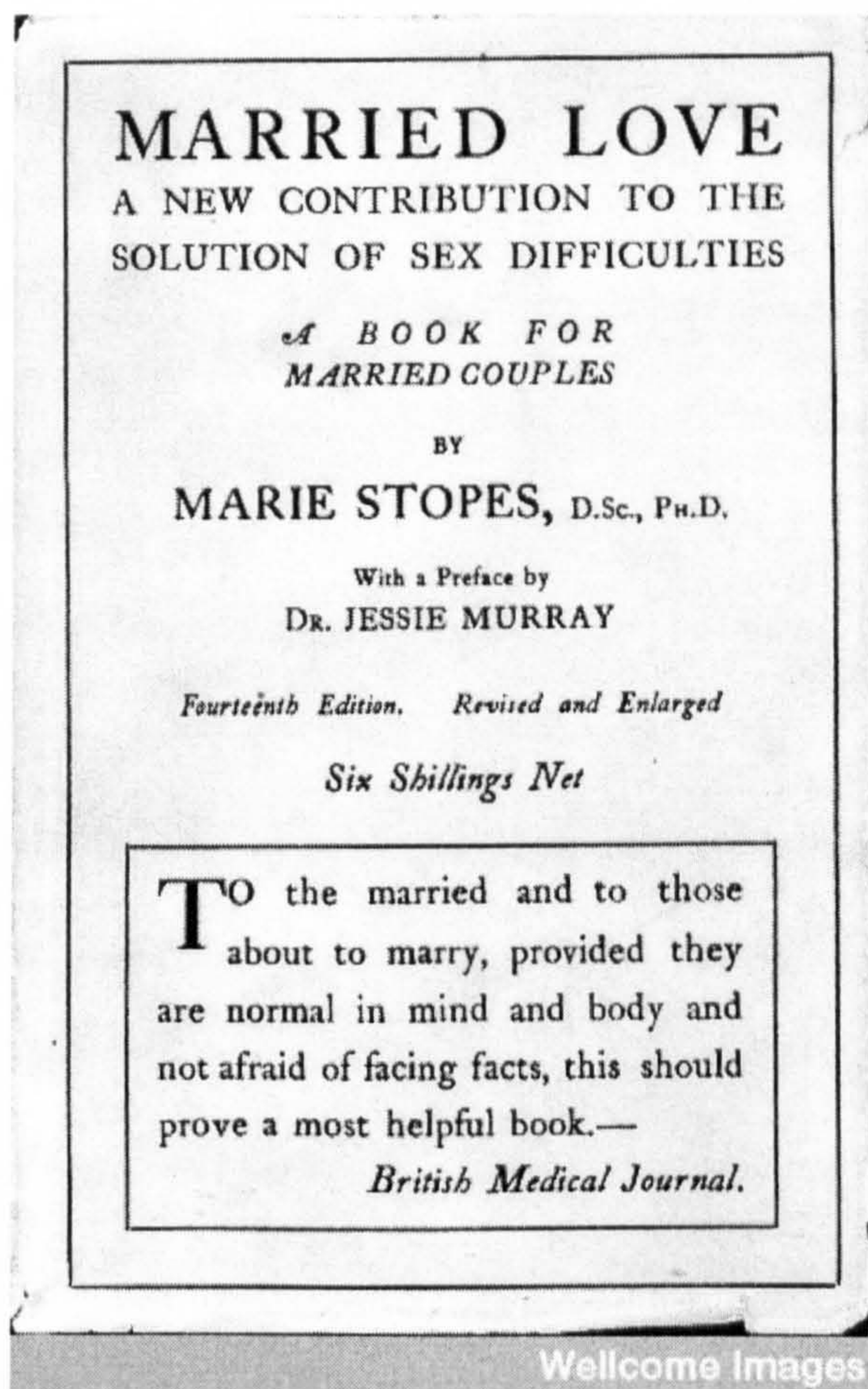
explain how this book provided the conduit for a partnership which was to result in the foundation of the first birth control clinic.

Binnie Dunlop, Secretary of the Malthusian League wrote to Stopes informing her that he had lent the manuscript of *'Married Love'* to Dr. Drysdale editor of *'The Malthusian'* and that additionally it might be helpful for Stella Browne to peruse it.³⁰ He advised that Alice Vickery (mother of Dr. Drysdale and widow of the President of the Malthusian League, Charles Drysdale) had also read the manuscript as she was interested in all things to do with women. A week later, he wrote again to say that he had lunched with Dr. Drysdale who had expressed his opinion on the book and suggested that it "*would sell briskly*".³¹ More importantly, he suggested that if she needed to be published privately she might consider having some backers before recommending "*a rich young man who wishes to start a birth control clinic for poor women in Manchester*".³² This is the first reference in the archives to Stopes' future husband, Humphrey Verdon Roe. He had an interest in birth control and as early as 1917 had offered St Mary's Hospital in Manchester sufficient funds to establish a clinic, an offer which was rejected.³³ A meeting took place between Stopes and Roe early in 1918 followed by an exchange of letters and the financial support for her forthcoming publication was secured. In March 1918 *'Married Love'* was published; a book in which Stopes aimed to demonstrate that women had as much right to sexual pleasure as men. In the preface to the first edition she wrote, "*In my own marriage I paid such a terrible price for sex-ignorance that I feel knowledge gained at such a cost should be placed at the service of humanity*".³⁴ Although creating a furore in some quarters of the

press it sold more than one million copies and has been identified as one of the 12 British books that changed the world.³⁵

Figure 4.1 '*Married Love. A new contribution to the solution of sex difficulties*'.

By Marie Carmichael Stopes. The title page.



Source: Wellcome Library. London.

In spite of the later animosity she engendered among the medical profession, the book received favourable reviews in '*The Lancet*', '*Medical Times*' and '*British Medical Journal*'.³⁶ Mary Stocks assessed its content thus

Almost at once 'Married Love' came to be regarded, especially by those who did not read it, as primarily a manual of birth control. In fact it was not. Birth

*control was incidental to its main theme which was, as its title suggests, the technique of sex relations in marriage.*³⁷

As Stocks had noted the book contained only a passing reference to birth control but in response to public demand, she published *'Wise Parenthood'* in November 1918 which contained explicit instructions on how to control conception.³⁸ The midwife-nurses, who were later employed by Stopes in her birth control clinics, would claim that these publications were influential in determining their own commitment to birth control.

Meanwhile the relationship between Roe and Stopes developed rapidly. History appeared to be repeating itself when Roe admitted to already being engaged to one Ethel Burgess, the daughter of a clergyman. According to Hall, Stopes was relentless in her pursuit of Roe, so this announcement did not deter her.³⁹ The parting with Miss Burgess was unsurprisingly somewhat acrimonious. She released Roe from the engagement in return for £2,000 in compensation and the condition that he and Stopes delayed their engagement for six months. Although initially agreeing to her terms, they married in secret three weeks later in a registry office on May 16th 1918. This was followed one month later by a traditional ceremony. The announcement of this *'official'* marriage in *'The Times'* described the bride as being well known in the scientific world, while the bridegroom was depicted as a pioneer of airmanship and one of the founders of the AVRO the aeronautical company. Two significant supporters of the birth control movement were also involved in the service; Binnie Dunlop took the role of the best man while the Bishop of Birmingham officiated.⁴⁰ Within a few months of her marriage Stopes was pregnant with her first child. She was thirty-eight years old.

Figure 4.2 Marie Carmichael Stopes



Source: Dickens E. *Immaculate Contraception: The Extraordinary Story of Birth Control from the First Fumblings to the Present Day*. London: Robson Books; 2000.

Throughout her pregnancy the gynaecologist expressed concerns about Stopes' heavy workload. The expected date of delivery is variously described by her biographers as May, June or July but labour ensued on July 16th when possibly she was some weeks overdue.⁴¹ Against the advice of her doctors she insisted on using a method called '*Dammerschlaf*' or '*Twilight Sleep*' for the birth. This was a newly fashionable treatment which had been developed by Professors Bernhardt Knonig and Carl Gauss, obstetricians in the Freiburg clinic in Germany. It was perceived by some members of the medical profession as quackery and had suffered from "*being written up by*

journalists possessing no knowledge of midwifery".⁴² The method involved the use of repeated injections of a mix of morphine and scopolamine. The room was then darkened, the woman's eyes bandaged and her ears plugged to ensure complete tranquillity. An important requisite for the treatment was that there should be constant observation and supervision during labour. The combination of the drugs produced a state of amnesia during which the patient was able to perceive but not appreciate her surroundings. The assessment as to the level of perception and thereby the effectiveness of the treatment, was by means of a sequence of primitive memory tests. This consisted of a series of questions where the patient was asked to name objects and state where they had seen them before. The accuracy of their answers and recall indicated whether they were adequately medicated.⁴³ In selected cases the treatment was assessed as being valuable however as Johnstone identified in 1926 "*indiscriminately given it will lead to disaster*".⁴⁴ The reason is not difficult to fathom. Morphine is a respiratory suppressant and therefore has the potential to adversely affect the foetus during and after labour by causing at best drowsiness and at worst apnoea, indeed Bright Banister et al acknowledged that 2% of babies asphyxiated during labour.⁴⁵

Both Rose and Hall quote from a diary kept by Humphrey Roe during his wife's labour which identifies the point at which the doctors made it known that the foetal heart could no longer be heard.⁴⁶ The baby, a boy, was subsequently stillborn. The doctor recorded that the liquor was meconium stained (a sign of foetal distress) and the placenta large, white and gritty.⁴⁷ As an experienced midwife I would suggest that although at the time of the delivery the appearance of the placenta was mistakenly identified as a sign that syphilis might be present, the placenta actually displayed the classic signs of a post term

pregnancy.⁴⁸ Thus it is probable that the baby became distressed during labour through a combination of the use of drugs and a failing placenta.

Both aforementioned biographers identify that Stopes blamed the doctors for the death of her child. A photograph of the baby taken the same day shows a full term infant with no signs of maceration, confirming that this was a fresh stillbirth. Written on the back of the photograph are the words

*Henry Verdon 12.5 a.m. July 1919 died just before birth. Photograph taken 12 noon same day. Although the first child, he was delivered naturally within 7 hours of onset of labour and would have been born alive but for the interference of the doctors.*⁴⁹

Both Hall and Rose make reference to Stopes' initial anger and grief, however neither refers to this episode in any detail in the remainder of the biographies.⁵⁰ Significantly, Aylmer Maud simply states that the incident "*involves a story too strange and horrible for me to tell here*" while Briant refers to her "*semi-demented condition*".⁵¹ As the former work is generally assessed as having been largely dictated by Stopes, it is likely that this expresses her sentiment. Binnie Dunlop who had been invited to be a godparent albeit as he stated a secular one to the expected child, wrote to commiserate Stopes and her husband on "*some little undiscovered accident has prevented you being the happiest couple in the world*".⁵² Stopes' condemnation of the doctors and the letters she wrote to the Nursing Home led to her receiving a warning from the Medical Protection Society.⁵³ However Hall maintains that she continued to believe that the doctors had "*murdered her child*".⁵⁴

As a health professional I am aware of the impact that such an event can have on both parents. Today this is recognised as a life changing event and the Stillbirth and

Neonatal Death Society (SANDS) recognises that “*some parents say their lives and they, themselves, are changed for ever*” and further that “*bereavement does not have a beginning and end. It is rather a journey with an ever-changing landscape*”.⁵⁵

Thus although biographers had paid scant attention to the impact of the loss of her son I surmised that this may have had importance both in terms of her grief, self guilt and the relocation of that guilt onto the doctors. Whether this poignant episode fuelled her animosity towards the medical profession or if it was influential on her decision to use midwives in the clinic is unclear, but this was a significant event in her life and one which deserves greater recognition. It was five years before she became pregnant for the second time. The reason for this delay has not been explained and may have been due to her declining fertility or perhaps fear of another pregnancy.⁵⁶ If the former, it may explain her approach towards infertility within her clinics which, as will be shown in the next section on eugenics, was not in accordance with a eugenicist doctrine.

Eugenic ideals

Many historians have tended to focus on Stopes life-long commitment to eugenics as the motivating factor for her work with birth control rather than any empathy with working class women. She joined the Eugenics Society in 1912 at a time when the leading opinion in the Society was hostile to the use and availability of contraception.⁵⁷ I have previously noted that Stopes, although a life-long fellow of the Eugenics Society did not appear to adhere to strict eugenics beliefs. She explained her approach to eugenics and birth control by the use of the terms negative, positive and optimum control.⁵⁸ *Negative control* was seen as an approach to prevent unwanted births particularly for women with medical and other wide-ranging conditions. This could be

seen as equating with the Eugenics Society notion of negative eugenics, note however that initially her Society for Constructive Birth Control and Racial Progress unlike the Eugenics Society did not promote sterilisation.⁵⁹ She suggested that the converse of this, *positive control* involved giving advice and help to infertile couples who had failed to conceive. Indeed as I will demonstrate later in this chapter Nurse Hebbes, the first midwife-nurse in charge of the clinic reported that many young married women desirous of becoming mothers had attended the clinic in London. As with current practice in assisted conception units, photographs of babies reputed to have been conceived after advice had been given to their parents, adorned the walls of the Mothers' Clinic. Additionally a domiciliary service available to those more affluent women would on the surface again appear to be a direct contradiction of the eugenists class based doctrine. However, this may have been counteracted if some of the advice was directed towards those having difficulty in conceiving. The final approach, *optimum control* was explained as the use of birth control to space children in a family, thereby producing healthy babies to healthier mothers, an aspect which Stopes actively promoted in her books and pamphlets. Nonetheless there remains somewhat of a paradox in her approach to eugenics, birth control and the lower classes. While she often made what would now be considered as quite outrageous eugenic and racist statements in public and within her publications, this was tempered by the genuine concern that she demonstrated in her individual responses to those in need of advice.⁶⁰ There was one area however in which, at least in public, she was resolute; abortion was illegal and was not seen as an option. As will be illustrated in later chapters although it was used as a valid method of fertility control by many working class women, Stopes was diligent in her determination to avoid any accusations that clinic staff were

involved in advising women about or performing abortion. I have emphasized the concern for women that Stopes sometimes displayed and I will now move on to explore what part feminism played in her attitude towards improving the conditions for women.

Feminist influences

The majority of work about Stopes tends to neglect to mention her support for feminism and the suffragist movement. I noted earlier that her mother was an ardent suffragist; it was perhaps for this reason that Marie Stopes initially rejected any involvement in the suffrage movement. Although while at Manchester University she was tentatively feminist she eschewed any militancy, aware that such involvement could impinge on her scientific career. She later did embrace the cause and joined the Women's Social and Political Union in 1912 becoming an ardent campaigner particularly over the issue of women's tax rights.⁶¹ However her devotion to this particular issue was mooted in her opprobrium that she was taxed jointly with her husband. This perhaps lends some credence to Rose who asserts that Stopes "*feminist sympathies did not extend to promoting other women's interests at the expense of her own*".⁶² Conversely the quote by Summerskill reproduced below suggests that Stopes' life was dedicated to working towards the emancipation of women. I would also argue that her campaigns and publications were instrumental in the sexual emancipation of both men and women.

This section has summarised the early life of Stopes and the path to her involvement in birth control. That she was a prolific writer and scholar is not in doubt. Eaton and Warwick have produced a '*Preliminary Checklist*' of her writings, the content of which demonstrates a formidable number of publications.⁶³ However she was also a complex

character and the resulting image of Stopes frequently portrayed is one of an eccentric woman, used to obtaining her own way and lacking any social graces. Taylor warns that this impression is one that is often used to describe any of the other “*feminine militants*” and as such needs to be treated with caution.⁶⁴ Several other quotes demonstrate different aspects of her character. The first, the forward by Edith Summerskill in ‘*The Trial of Marie Stopes*’ states

*Marie Stopes possessed in full measure the capacity to defy those old enemies of women-custom and prejudice. Whenever we met it was to consult on the most effective tactics of outwitting those determined to block the social emancipation of women. She possessed that rare attribute, moral courage which enabled her to defy certain reactionary elements in the medical profession and the Church without at any time retreating from her position.*⁶⁵

While Begbie summed up her personality as follows

*That she is ambitious, impetuous and capable of handling her affairs with fore and shrewd judgment I have little doubt....at the heart and centre of her eventful life there is the sprit of the child. A child sometimes mischievous, sometimes overawed by mystery, sometimes very solemn and sedate, and sometimes overflowing with a rich and delightful playfulness, but always perfectly sincere and entirely unaffected.*⁶⁶

This contrasts with Mrs How Martyns’ acerbic comment

*Like Mrs Pankhurst Dr Stopes is best left to work alone. She enjoys the spells of martyrdom and is constitutionally unable to do team work.*⁶⁷

Exactly how her personality impacted on the midwife-nurses and her interactions with them will be illustrated in this and the following chapters. This segment now moves on to the bridging section which further contextualises the thesis by considering the pattern of the use of birth control among the population, the social mores and the social conditions which affected women at this time.

Patterns of use of birth control

While this thesis focuses on the work of a birth control clinic it is not to say that birth control was not already being used by the population. As outlined in chapter three, demographic evidence has demonstrated that the birth rate in England had been declining since the 1870s, a decline that has been attributed in part to the utilisation of a variety of contraceptive methods. Thus by the 1920s it was more common for fertility control to be practised by all classes, including the working class. There are competing explanations for this change. Fryer for example proposes that the working class were simply copying the middle and upper classes in wishing to improve their living conditions. However Gittens does not agree with this view and suggests that the working classes' knowledge of fertility control was congruent with that possessed by the other classes and furthermore that they were capable of making their own decisions.⁶⁸ Using this line of reasoning the move to smaller families was simply a response to the economic conditions. However, it is unmistakable that there were differences not only across but also within the working class, it being particularly notable that in areas where women were employed in skilled occupations the fertility rate was lower.

The methods available were limited; coitus interruptus (withdrawal) and the sheath were dependent on the man; abortion, though illegal was still used as a female method of controlling fertility. If abortion is discounted the only other female methods available were pessaries and mechanical barriers caps and diaphragms. Access to commercial preparations and devices could be difficult and while they were obtainable from mail order companies, pharmacists and some herbalists, it was unlikely that the poorer

working class women would be able to afford them.⁶⁹ Alternatively, ordinary sponges purchased from Woolworths could be cut to size and used with oil or another substitute for a spermicidal agent. In reality, the overcrowded conditions in which many women existed and the accompanying lack of privacy rendered the use of any female barrier method problematic, a factor which was of relevance for the midwife-nurses in their dealings with the women who sought advice from the clinics.⁷⁰

Conditions for women and social mores

A corollary of the poverty and the high rate of maternal mortality and morbidity was the high incidence of deaths of infants during the first year of life.⁷¹ The decreasing birth rate and the infant mortality rate were also linked to the whole idea of racial degeneration and eugenics previously referred explored in chapter three. In the same chapter I also identified the *'Inter Departmental Report on Physical Deterioration'* published in 1904 which concluded that inadequate mothering skills were the cause of the high rate of mortality among infants and that there was a need to improve the education of mothers. The solution offered was the establishment of "Schools for Mothers" a move which failed to have any impact on the maternal mortality rate which continued to rise until the mid 1930s.⁷² In response to the increasing rate of maternal mortality the 1918 *'Maternal and Child Welfare Act'* gave the power to local authorities to provide services to improve the conditions for mothers, but this enabled rather than forced them to comply. As a result of this Act 120 new clinics opened in 1918 although voluntary organisations continued to be an important source of advice and preventive work. Nonetheless the focus remained on the infant and for working class women in particular, childbirth remained a hazardous condition and the incidence of maternal

morbidity and mortality continued to increase during the inter war years. In 1924 this stood at 3.7/1,000 increasing to 4.66 /1,000 in 1930. Higher rates existed in some areas of the country; for example in South Wales, a region which the Caravan Clinic would later visit.⁷³ Spacing of pregnancies was to have a marked effect upon the health of both mother and infant and was a strategy advocated by Stopes in her clinics, speeches and within her publications.

That there was still sufficient ignorance to warrant an expansion of information and advice is evidenced by the letters published by the WCG in 1915 and those later sent to Stopes.⁷⁴ Advice issued by Minister of Health, Sir Arthur Mond that Maternity and Infant Welfare Centres should not be giving information on birth control and that any women needing such advice would have to be referred to a private doctor or hospital, was plainly nonsensical for those with limited access to funds and thereby medical advice.⁷⁵ Indeed the ill fated health visitor Miss E.S.Daniels was sacked by the authorities in Edmonton for continuing to give advice in one such clinic.⁷⁶ What is certain is that in the 1920s many of the population were still unaware not only of how to control fertility but also of the general functioning of the male and female reproductive tracts. Evidence from the oral histories, documentary and secondary sources validated that birth control and the details of the mechanism of reproduction were not part of the nursing and midwifery curriculum.⁷⁷ Moreover, it was not a topic for polite society or “*decent girls*” to discuss and thus the general ignorance of such issues were shared by some members of the nursing and midwifery professions. The following extracts from oral history interviews illustrate that this attitude continued to prevail well into the 1930s and 1940s.

When asked about birth control Nurse E.O. who started her training in 1930 stated

...didn't even know about it. Do you know I didn't even know about the difference? Between men and women.

Later in the interview when speaking about clinical training on how to administer a douche she explained how she inadvertently displayed her ignorance about the male body.

We were having a lecture, we had not been on the wards yet remember, we were having a lecture and we were told how to give a douche. So when it was all done, when she had finished she said any questions? So up goes my hand, yes how do you give a man a douche? Well some of the nurses in my class didn't snigger because they were as ignorant as me but the rest just burst out laughing. I don't know how the Sister Tutor kept her face straight so that was when I learnt that men were very different from us. I'd never seen one naked in my life.⁷⁸

Similarly, J.C. who started training in 1934 said

the very first time I went down, there was a lady in labour and with her legs tied up and I actually didn't know before then where the baby came from and so I had the shock of my life when this head appeared.⁷⁹

Nurse P.H. recounted only one instance when she discussed anything about reproduction with a friend

And she told me, well I, we were most puzzled we couldn't quite believe it and it was all wrong. No wonder we couldn't believe it... (She said)....the baby came from the umbilicus you see. We didn't discuss babies and do you know we didn't discuss.....I don't remember us discussing sex at all.

Although there was information about clinics and articles about birth control in the nursing journals, when asked about birth control Nurse J.C. responded,

Well I don't think so. I probably vaguely heard about it but it was the sort of thing that you shut your ears to unless you had a lecture on something similar. People were quite prudish then before the war.

and from Nurse P.W.

...very little about birth control, I knew it existed but I never, we never had real lectures on it.⁸⁰

However although there was an ignorance about sexuality, Venereal Disease (VD) as a topic was included in the syllabus, probably as it was seen public health issue and several of the nurses recalled that it was included in lectures.⁸¹

As Nurse J.C. recollected

*We had one lecture, one of the, I suppose one of the surgeons who was there would give us one lecture on it but it was not enlarged upon. 'Cos this was before the war, so we were all rather sort of straight laced in many ways.*⁸²

Nurse P.W. recalled that when she was a midwife the VD clinic was known as the DK ("Don't Know") clinic and that

anybody with any hint of venereal disease was delivered in there to keep them away from the others, and you weren't allowed to use the words venereal disease, it was just called the DK ward.

Another recalled working in the VD clinics and explained how she and her colleagues took delight in the pastime of identifying passers-by who appeared to have "a syph nose".⁸³ This ignorance and lack of professional knowledge of other aspects of sexuality and fertility control, extended into their own lives as Nurse P.H. said

*No I don't think there were any birth control clinics, when I was married I never had any birth control lectures or...you had your babies or you didn't.....um there were sort of certain things you could do ,um I think, eh well I know ,eh but I think it was up to, up to the husband.*⁸⁴

Similarly Nurse M.T. knew there were

*such things called French letters, I knew there were those but I knew very, we..., that I weren't going to have any babies...I was brought up strict you see weren't I?*⁸⁵

And referring to a television programme she had seen in which men were interviewed about sex in the 1930s and 1940s

*You always think men know everything. A lot of those old men that were interviewed hadn't got a clue any more than the women.*⁸⁶

Nurse J.C. agreed

*People were far more reticent about things like that you didn't talk about anything. It was a thing that you didn't talk about and we didn't talk about it at all...you know even when I first married I sort of really didn't know very much about it at all. That's why I had four children!*⁸⁷

This ignorance no doubt impacted on the health and welfare of the women for whom they cared, although I will demonstrate that some of those employed by Stopes were already well aware of the consequences of this ignorance on the lives of ordinary women. Unfortunately this concern was not one that was unanimously shared by those with the ability to create change, the politicians.

Politics and birth control

The Ministry of Health, formed in 1919 became the focus for concerted efforts by those advocating for and those against birth control. Politically 1921-1931 was dominated by Conservative administrations with only two brief periods of Labour Government in 1924 (nine months) and 1929 (fourteen months).⁸⁸ However both parties were equally wary of the issues surrounding birth control. The Conservatives distanced themselves from the debate, the Liberals failed to seize the initiative and the Labour Party was slow to become involved in the birth control controversies of the 1920s, maintaining a stance that it was not a matter for party politics. Successive Ministers of Health issued unhelpful and vague statements about the provision of birth control by the State; for example Alfred Mond in 1922 and Neville Chamberlain in 1923. However there was a view among some advocates of birth control that a Labour Government would prove to be more supportive and hopes were raised when they were elected in January 1924. These were swiftly negated when the Minister of Health, John Wheatley upheld the view that State intervention in the issue would alienate Labour supporters, particularly

the men and the Roman Catholics. A petition containing six thousand names and a deputation from a group of feminist socialists failed to sway him from this position. Popular opinion among the grassroots members of women's groups generally supported birth control but this was not the view espoused by all their leaders. The petition which had not convinced Wheatley was now presented to the National Conference of Labour Women where it was adopted by a massive majority. It appeared that the grassroots of the organisation were in favour of working class women having access to the same advice as their middle class sisters, seeing this as part of a wider programme of social welfare which would improve conditions for women and their children.⁸⁹ Their leaders were not so enthusiastic and had exerted pressure in previous years to avoid a confrontation with the National Party and thus jeopardize what was already a marginal majority.⁹⁰ In response to the intransigence shown by the Government, the National Party and the leaders of the Women's Section, seven of those who had been part of the original deputation went on to form the Workers Birth Control Group (WBCG).⁹¹ As some of the members also belonged to the CBC and the New Generation (previously Malthusian) League the three organisations were able to work together for the provision of a State led birth control service.⁹²

Other organisations, the Women's Co-Operative Guild and the Society for Equal Citizenship concentrated on exerting pressure on the Ministry of Health to allow advice to be given in the Maternity and Child Welfare Centres. The Women's Co-Operative Guild and its involvement with and support of the Stopes' clinics and thereby with the midwife-nurses, is particularly important to this thesis. Here it is worth exploring its' history, composition and activities in a little more detail. Founded in 1883 as an

offshoot of the co-operative movement with a membership comprising of married women belonging to the artisan class, the organisation was committed to advancing the conditions of the working class and functioned on the principle of democratic self-government.⁹³ Among its identified objectives were the promotion of co-operation and the improvement of conditions for women all over the country. Education was identified as a means by which both could be achieved and consequently branches were expected to formulate a programme of readings lectures and other activities to effect the development in what was described as civil education.

Under the leadership of the formidable Margaret Llewelyn Davies, the Guild became involved in various campaigns including that for improved working conditions in factories, the minimum wage and of particular significance to this thesis, the improvement of maternity services.⁹⁴ They had a significant involvement in supporting a range of initiatives on this subject; for example the petition in favour of a bill dealing with the registration of midwives (1898); investigating and supporting family medical aid schemes; and contributing to plans the Schools for Mothers. During the discussion of the National Insurance Bill they ensured that the position of married non working women and the needs of maternity were considered and succeeded in having some of their suggestions included in the final Bill. Subsequent amendments to the National Insurance Bill in 1913 and 1917 also engaged the Guild and they were victorious in obtaining maternity benefit, medical and sanatorium benefit for married women.⁹⁵ In spite of this apparent political activity, the early history of the Guild was characterised by the avoidance of affiliation to any particular political party. This was despite concerted efforts by the Labour and Co-Operative parties to acquire their loyalty, rather

the organisation was described as “*an Industrial Democracy, where industry (whether in Stores or in Factories) is carried on by the people for the people*”.⁹⁶

Following the retirement of Margaret Llewelyn Davies from the post of General Secretary which she had held from 1889, there was a period of conflict within the organisation under the leadership of her successor Miss Enfield. The appointment of the next General Secretary, the socialist, Mrs Eleanor Barton in 1925 heralded a change in the philosophy of the party and consequently precipitated a decline in membership.⁹⁷

Nonetheless, in contrast to the middle class WBCG, the working class membership played a foremost role in the campaign for birth control but at a local rather than a national level.⁹⁸ As with the Women’s Section of the Labour Party, the efforts of the Women’s Co-Operative Guild to obtain the support of any Government for the provision of birth control were consistently thwarted. Nonetheless the evidence from working class women, in particular the letters first published by the Guild in 1915, clearly indicated the need not only for the provision of medical services during antenatal, birth and postnatal periods but also the necessity of birth control advice.⁹⁹ In 1924, in the light of the continuing seriousness of maternity mortality, they called upon the newly elected Labour Government to institute a service of fully trained midwives, home helps, welfare centres, maternity homes and hospitals.¹⁰⁰ They were later instrumental in influencing the circular on Maternity and Child Welfare issued in 1930 which instigated the establishment of the Municipal Maternity Committees, also achieving prominent membership of these bodies.

While under the leadership of Margaret Llewelyn Davies the Central Guild Committee of the Women's Co-operative Guild set aside copies of Stopes' publications for members to borrow and, as will be shown, they regularly made requests to the clinic for speakers for their meetings. Sister Roberts in particular appears to have given many lectures on birth control and the work of the clinic to members of branches of the WCG. Eleanor Barton continued the link with the clinic and the documentary sources contain several examples of correspondence with Stopes.

The Mothers' Clinic, the Stopes' organisation and employees

In spite of the obduracy of successive Governments, Stopes, the Malthusian League, and the Society for the Provision of Birth Control Clinics (SPBCC), while continuing to demand that birth control advice be made available via the state run system, adopted a pragmatic approach by providing a series of voluntary birth control clinics. This dual approach frequently involved the same dramatis personae and despite disagreements, they at least had the mutual aspirations of providing equality of access to birth control to all social classes.

The Mothers' Clinic

Stopes and her husband Humphrey Verdon Roe opened the first voluntary clinic, The Mothers' Clinic on 17th March 1921 in Holloway Road, a poor working class area of London (see Figure 4.3). Humphrey Roe had always acknowledged that he had a concern for the well being of the women in the poorer classes and indeed it was this that had motivated his earlier attempts to open a clinic in Manchester.¹⁰¹ Similarly Marie Stopes had identified her motive for the venture as a way of providing greater access to

birth control and thereby relieving working class women of the burden of repeated child bearing. As explored in chapter three this motive was supported by Dr Evelyn Fisher, a former visiting consultant at the Mothers' Clinic. Since both the political and social climate appeared hostile to birth control the only way for the majority of the population to obtain contraceptives had been via mail order or in back street shops; thus in 1921, opening a birth control clinic was a bold endeavour.

The Mothers' Clinic was variously professed by Stopes to be the first clinic in the Empire and/or the world, both of which claims can be disputed.¹⁰² Aletta Jacobs is credited with opening the first clinic in the world in the Netherlands in 1882 while the American nurse Margaret Sanger opened her clinic in New York 1916. The claim to be first in Empire is also open to doubt as Alice Vickery is reputed to have been operating a clinic in Rotherhithe in 1910 although the evidence as to its purpose is unclear.¹⁰³ The slogan Stopes adopted for the clinic *"Joyous and deliberate motherhood, a sure light in our racial darkness"* and the use of a lamp as a logo, (see Figure 4.4) reflected Stopes view that birth control was the route by which women would be able to space their pregnancies and thus have fewer, albeit healthier children who would in turn become a benefit to the race.

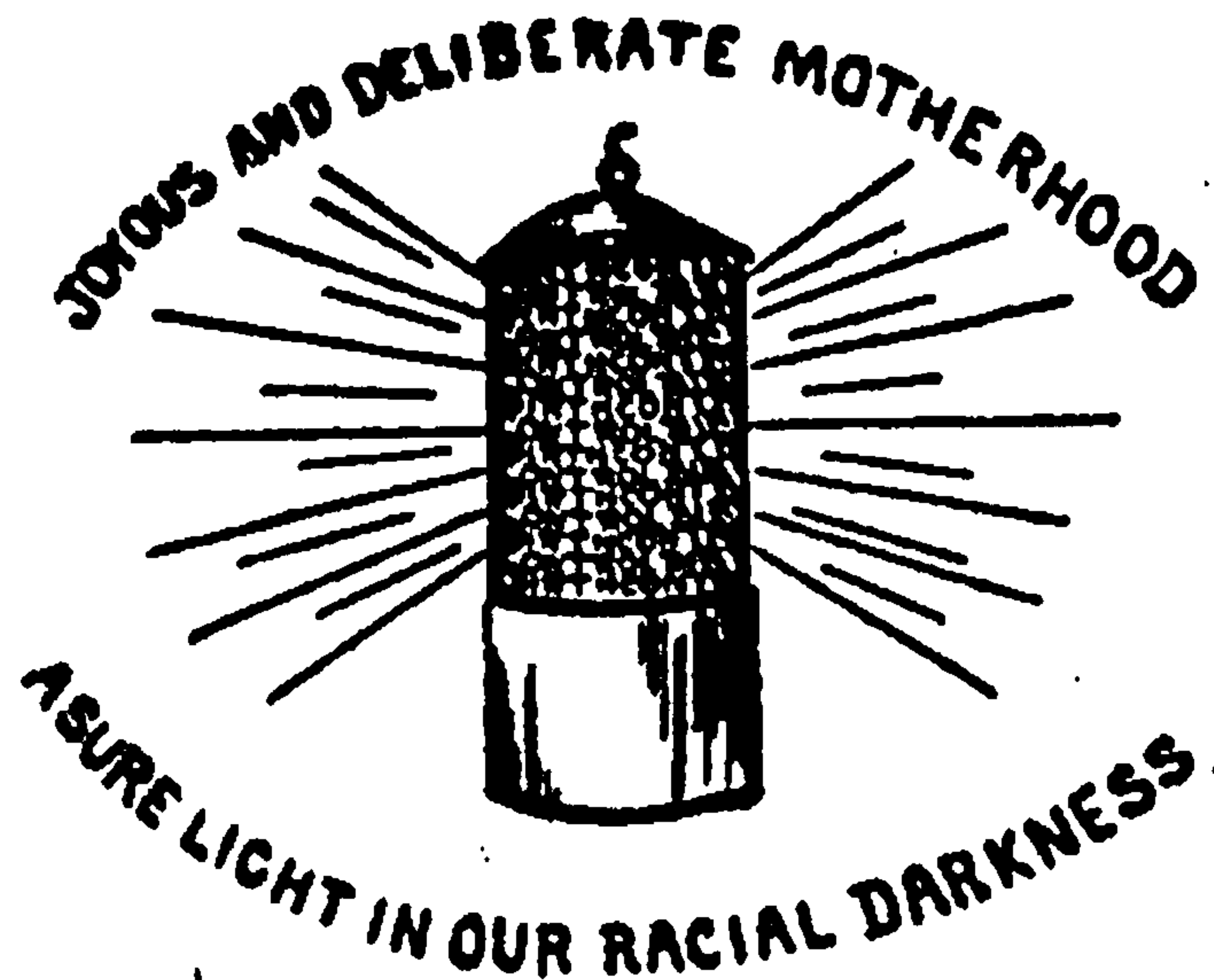
Figure 4.3 The exterior of the original Mothers' Clinic in Holloway Road.



Source: Contraception Stopes M.C. *Contraception-its' theory history and practice*. 5th edition. London: Putnam; 1941.

However, as suggested earlier and demonstrated later in the chapter, evidence from the clinic in terms of the services she provided to **all** classes of women, both fertile and infertile, suggests that Stopes activities were not always congruent with her apparent eugenic beliefs. Nonetheless, Lewis suggests that Stopes was the first English birth controller to “*make the connection between birth control as a way of safeguarding the health of the individual **and** as a means of promoting racial improvement, central to the argument in favour of contraception*”.¹⁰⁴

Figure 4.4 The lamp logo for the Mothers' Clinic.



Source: Letterhead taken from stationery produced for the Mothers' Clinic

The cost of the clinic was borne by Stopes and her husband from their personal funds; this included all the logistical expenses of running a clinic, including the remuneration for the midwives. Stopes refused to take any payment from the women who attended the clinic and was not averse to upbraiding any of the staff for accepting what was described as a '*donation*' in expression of gratitude. Such was her displeasure that she instructed that any such donations be returned to the benefactors.¹⁰⁵

The opening of the clinic received a tentative welcome in the '*British Journal of Nursing*' (BJN) where a substantive editorial outlined the philosophy of the clinic founders and the means of operation. It also reiterated that the clinic was for the healthy, and that anyone with an abnormality was referred to the doctor. The décor of the clinic was described as

Simple but attractive in appearance. There is a reception office in the front, leading to an inner room furnished with couch and a fixed washstand. The walls are distempered a pale cream colour, and paint and cretonnes are blue, and blue- and-white, the 'blue bird' being a distinctive feature of the cretonne. The pictures and decorations are of the simplest, the object being that if, for instance a woman admires a picture, but thinks it would be impossible of attainment by herself, it can be pointed out to her that there is no insuperable barrier.¹⁰⁶

Figure 4.5 The Reception room of the original Mothers' Clinic in Holloway.



Source: Contraception Stopes M.C. *Contraception-its' theory history and practice*. 5th edition. London: Putnam; 1941.

This in fact reflected Stopes desire to make the clinic as homely as possible; an attention to detail that was to be replicated in all her clinics. Before moving on to discuss the employment of the staff for the clinic I will outline three developments which are of relevance and further contextualise the remainder of the chapter; a meeting in May 1921, the establishment of the Society for Constructive Birth Control and the launch of the '*Birth Control News*'.

The Queen's Hall meeting

This meeting was organised on 31st May 1921 by Stopes and her husband seemingly on the advice of Lloyd George. The aim was that a meeting, to which a variety of luminaries were to be invited, would help to make birth control respectable. These types of meeting, albeit on a smaller scale, were to become a feature of work for the midwife-nurses in London and more extensively on the Caravan Clinics. The event was regarded as being a great success and in her speech Stopes reiterated that the clinic was not only to prevent unwanted pregnancies but also to assist those who wished to conceive. The *'British Journal of Nursing'* announced that the meeting was to take place at the Queens Hall and six months later followed this up with an announcement of the publication of the report of proceedings by the publishers G.P.Putnams. The report noted that the meeting had addressed "*a question of national importance*" and directing any enquirers to the Honorary Secretary of the Malthusian League. This was an error.¹⁰⁷ Humphrey Roe took issue with the way the launch of the publication had been reported. He wrote to the journal expressing his concern that the report was misleading and could be interpreted as demonstrating that the Stopes' organisation and the Malthusian League were somehow linked, a misapprehension which he sought to rectify. A soothing response from the editor concluded with a remark designed not to show favouritism for one organisation over another, "*Both societies are, we feel sure, doing exceedingly valuable educational work*" a response which appeared to mollify Roe.¹⁰⁸

The Society for Constructive Birth Control

The second development took place on 16th August, five months after the clinic was opened when Stopes launched the Society for Constructive Birth Control and Racial

Progress (CBC) at an inaugural meeting at the Hotel Cecil in London. In common with the clinic this was advanced as a pro baby, pro race organisation with the objectives to

a) bring home to all the fundamental nature of the reforms involved in conscious and constructive control of conception and the illumination of sex life as a basis of racial progress.

b) consider the individual, national, international, racial, political economic, scientific and other aspects of the theme, for which purpose meetings will be held, publications issued, Research Committees, Commissions of Enquiry and other activities will be organised from time to time as circumstances require and facilities offer.

c) supply all who still need it with the full knowledge of sound physiological methods of control.

Stopes was the President with H.G. Wells and Sir James Barr among the 22 eminent Vice Presidents. This Society met the purpose of supporting the Mothers' Clinic, raising funds and as a vehicle for "*crystallising ideas of racial progress*". In a reflection of Stopes scientific background, a medical research committee was formed to "*consider the physiological and psychological reactions to the various methods of control*".¹⁰⁹ A report of the meeting in the '*British Journal of Nursing*' announced the formation of the Society for Constructive Birth Control and Racial Progress and noted the membership was open by subscription to everyone who shared the objectives of the Society.¹¹⁰ It was mooted that everyone who was interested in the future of the "*Race*" should join its ranks.

Unfortunately the records of this Society do not appear to have survived although there is some documentary evidence which implies that these existed in the form of a series of index cards prepared by the secretary Mrs Bootle. Nevertheless, there is some tantalising information that suggests that nurses and midwives were among the members. For example some correspondence revealed that one of the midwife-nurses

applying for employment in the clinic “*was one of the first, if not the first, health visitor to join the CBC*”.¹¹¹

Maud Hebbes, the first midwife-nurse employed in the clinic was a member of the research committee and thus by default, a member of the society. Whether membership of the former allowed her to be involved in any serious way in the medical research aspects of the society is not known and as records of this aspect of Stopes’ organisation are sparse this cannot be verified.¹¹² A report of the first meeting records that following a full discussion the committee had concluded that although research on methods in general was to be desired the available methods were deemed harmless and thus suitable for most purposes.

The Birth Control News

The third development to note was the announcement in May 1922 of the publication of a penny monthly paper the ‘*Birth Control News*’.¹¹³ This was similarly concerned with creating a morally acceptable argument in favour of limiting the fertility of the working classes and thus avoiding what was seen as the spectre of race suicide. This journal contained items relating to the activities of the opponents of the birth control campaign, clinic and the society plus reports on the work of the clinics, and thereby the midwife-nurses. The next part of the chapter explores the employment of the staff in the London Mothers’ Clinic from 1921 to 1926 commencing with the midwife-nurses before moving on to discuss the visiting doctors, the clinic receptionist and the secretary. The staff employed to work on the Caravan Clinics will be discussed in chapter five.

The midwife-nurses

The use of midwives as part of a woman-to-woman service has been described by Cohen as “*the cornerstone of Stopes’ philosophy*”.¹¹⁴ The ideal espoused by Stopes was to employ fully qualified, experienced midwives who were married with children. While this was repeatedly extemporised by Stopes and indeed has been reproduced by other historiographers, I will later demonstrate that the reality was somewhat removed from this ideal. Nonetheless, her premise that women would be more likely to relate to midwives and nurses rather than doctors whom they associated with expense and illness, was later supported by evidence from the Women’s Health Enquiry of 1933, which noted that only 60% of women had ever paid to see a doctor, fear playing a role in dissuading women from seeking advice for their ailments.¹¹⁵

In terms of the recruitment of the midwife-nurses to work in the Stopes’ clinics, the period covered by this thesis divides into two distinct aspects. The first six years, 1921-1926 when only the Mothers’ Clinic in London was operating and 1927-1931 which covers the advent of the two Caravan Clinics. Different staff was recruited for each venture, although they did sometimes work between both clinics. Thus for clarity those recruited during 1921-1926 are referred to as the first cohort and those recruited from 1927-1931 as the second cohort. Six midwife-nurses constituted the first cohort and in the following section I give some detail of their provenance.

Stopes described the duty of the midwife-nurses she employed as to “*listen to those sad tales of individual misery and to give help of the right sort*”.¹¹⁶ This could probably have been undertaken by general nurses but the training in midwifery meant that the

midwife-nurses had experience in vaginal examinations, a skill which would obviously be necessary when deciding which female contraceptive, sponge, check pessary or diaphragm, would be suitable for the woman. Furthermore, they would also have the ability to detect any abnormalities which necessitated referral to the visiting woman doctor.

The process for obtaining employment in the clinic was via an advertisement in the '*Nursing Mirror*'. It appears that Stopes decided which candidates to interview although there is also some evidence that she took advice from the visiting consultants and occasionally the other midwife-nurses. The traits of a midwife-nurse considered suitable for appointment are not outlined in any depth, but Stopes described the attributes of her staff as all possessing the CMB certificate and being experienced. Although all of the midwife-nurses were certified by the CMB, the training they had undertaken to qualify as a midwife varied. As discussed in chapter three this was dependent on whether they had trained before or after 1902 the date when State Registration of midwifery was implemented. It is also worth noting that while not stipulating what route to the CMB certificate she required of applicants, hospital trained, London Obstetrical Society Certificate or *bona fide*, she was more definite when identifying prerequisites for admission to the training programme later offered by the clinic to external candidates with Queen Charlotte's being identified as the preferable training institution.¹¹⁷

Among further criteria not related to their professional expertise but more to the tenets set by Stopes herself, were that must not be Roman Catholic. The stance of the Church

of Rome on birth control would make it unlikely that any professing that faith would apply to work in the clinic but, as outlined later in the chapter, Stopes' preoccupation with the risk of "*spies*" and the subterfuge of the Roman Catholic Church, permeated every aspect of the work in the clinic. Additionally she always stated in her publications that the woman-to-woman service she aimed to create was delivered by married women. However as I will demonstrate there was a lack of congruence between the rhetoric, and the reality which has not been identified in previous histories.

Maud Hebbes

Nurse Maud Florence Hebbes was the first midwife-nurse to be employed by Stopes in 1921. A member of the Midwives Institute, her letter of application reveals that just before World War I, during the "*suffragette agitation*" she had worked for a Dr. Flora Murray and a Dr. Vaughan in London before assuming charge of the East London Federation of Suffragettes clinic '*The Mothers' Arms*' one of four mother and baby clinics opened by Sylvia Pankhurst and Dr. Barbara Tchaykovsky during the First World War.¹¹⁸ Hebbes remained in charge of this clinic from 1914 to 1920 when it closed due to lack of funds. A testimonial on her work in the clinic from Dr Johnson states that Hebbes had been responsible for the welfare of the mothers and babies, a crèche and a nursery school. She was noted as being good at her medical work and devoted to the children and their mothers "*never sparing herself in endeavouring to ameliorate their conditions*".¹¹⁹

It is gratifying to note that Sylvia Pankhurst referred to the work undertaken by Nurse Hebbes in her book, '*The Home Front: mirror of life in England during the First World*

War’ which recorded the effects of the First World War on the population. Referring to the sick babies at the clinic many of whom were severely ill with infantile diarrhoea she says of Hebbes, “*she nursed them with patient tenderness, spending herself unsparingly*”. The passage continues

*‘I believe you love them better than the healthy babies’ I said to her, watching her fondling a piteous little morsel, who crinkled his shrivelled face to smile as her finger gently stroked his cheek. She answered with wan brightness: ‘I think I do’.*¹²⁰

It is probable that these experiences affected Hebbes’ attitude towards the regulation of fertility as she later stated

*If it were possible to give information on birth control at infant welfare centres as freely as it is given about baby feeding we would do away with much of the unnecessary suffering of both mothers and babies.*¹²¹

She also declared that she had read ‘*Married Love*’ and ‘*Wise Parenthood*’, both of which she thought of as “*splendid*” although it must be acknowledged that she might have included that information as a way of impressing her potential employer.

Notwithstanding Stopes maintained that Hebbes was just the type of person she wanted to work in the clinic and that

*real enthusiasm for the subject is of course of the utmost importance and I could see that you had that and I should be able to work excellently with you.*¹²²

Nonetheless, she still directed Hebbes to have a professional chat with Dr. Jane Hawthorne so that the doctor could have the fullest confidence in Hebbes’ ability. This also proved to be satisfactory and Hebbes was notified that she would be appointed to what might be a temporary position but which could develop into a job she would have for some years. In the same letter Hebbes was also invited to sign an affidavit declaring she would not be involved in abortion which was still illegal at that time. This affidavit and other issues around abortion are discussed in more detail in chapter six.¹²³ It is

important to note here that Hebbes was not married and so did not fulfil the ideal as expounded by Stopes; nevertheless she became the first midwife-nurse to be employed in the first voluntary birth control clinic in Britain. She apparently spent the week leading up to the opening of the clinic preparing the premises which included creating a display of Stopes' publications.

There is little other detail in the documentary sources which add substance to Hebbes as a person. However through the process of nominal record linkage, outlined in chapter one, and using the census, birth and CMB registers, it has been possible to identify her antecedents. She was born in February 1881 in Biggleswade to Alfred, a police constable and Martha Hebbes.¹²⁴ The 1901 census does not reveal any occupation for her but she is recorded as qualifying as a midwife via the CMB certificate in 1908 at the Victoria Centre. She was forty years old when she started to work for Stopes and continued to work in the clinic during its first two years until 1923 when she emigrated from England to Brisbane Australia, embarking on the 23rd April aboard the SS Esperance. She remained on the Midwives Roll after her departure to Australia in 1923.¹²⁵ Her work and dedication was recognised by clinic staff when she was described as "*passionately devoted to the cause and much loved by the patients*".¹²⁶

Gwendolen Roberts

The second midwife-nurse to be employed was Sister G. A Roberts. She resigned from a post as Superintendent of a welfare centre in Birmingham to work in the clinic in 1922. The welfare centre was situated in a very poor part of the city, the Jewellers

Quarter, where housing conditions were bad, and the families she visited were always in distress.

Seldom did a day go by when, in the course of visiting, I did not find some poor mother in great distress because she had conceived still once again, frequently the last arrival only a few months old.¹²⁷

This quote perhaps indicates how her previous work had intensified her interest in the birth control movement as she apparently applied to work at the Mothers' Clinic even though this would be at a lower salary. Unlike Nurse Hebbes she was married, possibly with children, although the records are not particularly clear on this point, the only indication being when she writes of a holiday with "*the kiddies*". Her previous employment is outlined in her letter of application where she records her CMB registration as 1921 with her SRN (State Registered Nurse) in 1922.¹²⁸ Unfortunately there is insufficient information in the archival data to identify her more fully. The fact that she was married with no mention of her maiden name has made it impossible to trace her in the 1901 Decennial Census or the birth, marriage and death indexes. She was employed at the clinic from 1922 to 1925.

Rosina Penney Thompson

There is a little more detail available about Hebbes replacement, again a single woman Rosina Penney Thompson a health visitor with a midwifery qualification working in rural Northamptonshire. Her forenames mean that it was easier to identify her in the 1891 and 1901 census and the birth registers. She was born in 1881 in Rutland to John, a gardener, and Emma Thompson. Her occupation in the 1901 census is shown as being a domestic housemaid. She had undertaken a variety of nursing training, registering her CMB which was obtained through examination in 1915. She had spent 15 months

working as a district midwife and nursing sister between 1915 and 1917 followed by nine months in a private nursing home. She had been in her present post as a county health visitor in Northamptonshire for just over five years.¹²⁹ There is a series of correspondence with the clinic from early in 1921 when she wrote asking for some leaflets. In September 1921 she contacted the clinic again to tell them that she had informed a colleague, Miss Whitehouse another county health visitor, all about the work of the CBC and would like more leaflets.¹³⁰ On another occasion she requested advice about her clients, noting that she had seen much misery caused by a lack of proper knowledge of how to control fertility. When requesting a copy of a leaflet for one of her clients Thompson described her as *"a mother who is a perfect wreck, 27 years of age, and 4 children under 4"*.¹³¹ This reflected the conditions of many of the poorer sections of the community, the children often undernourished the mother anaemic and the husband unemployed. Utilising the information she obtained from the clinic she had been able to help many of the mothers in her area, sharing the information with *"her chief"* who although agreeing that the mothers were indeed suffering was worried about the adverse effects of birth control.¹³² Further clarification of her concern for the health of women was also contained in an unpublished letter to the editor of the *'Nursing Mirror'* dated November 1923 in which she suggested that it was humanitarian to alleviate suffering and prevent tragedy and, apparently drawing on her experiences she argued that

*midwives and health visitors who have worked for years in slum areas amongst mothers, cannot have failed to have gained sympathetic understanding and knowledge of human nature and in wisely disseminating wholesome methods of contraception can do no harm to the individual or to the race but rather mitigate anguish and misery in the individual and hand an uplifting influence to the race. One wonders if the day is not so far distant when the knowledge of contraceptive methods will be included in the curriculum of medical students.*¹³³

Here it is of interest to note that in her letters Thompson is utilising the ideas and language for a eugenic discourse. Because of the class and professional structure of the Eugenics Society it is unlikely that any of the midwife-nurses would have been members, but at this time the use of eugenic language and discussions regarding the future of the “*race*” was endemic throughout the nursing and midwifery journals. Certainly an examination of some contemporary nursing journals and midwifery textbooks demonstrate that there was a pervasive use of a “*eugenic language*”. The ‘*British Journal of Nursing*’, edited by Mrs Bedford Fenwick, reported on lectures and conferences on the science of eugenics, as well as outlining the objectives of the new discipline. Articles were also published which expressed concerns about the state of the nation’s health and the risks of racial degeneration. Meetings which dealt with the issues were publicised and reports on the content produced. Lectures with titles such as “*Civic Duties and Responsibilities*” and “*Personality, the Final Arm of Social Eugenics*”, were commonplace.¹³⁴

While membership of the Eugenic Society was unlikely there is some evidence Rosina Penney Thompson may have joined the CBC. Unfortunately the membership records for the CBC has not been located and Dr Lesley Hall of the Wellcome CMAC does not expect that it has survived, so it is not possible to verify Thompson’s membership status or indeed to confirm the numbers from the nursing and/or midwifery professions. Therefore from this limited evidence it is not possible to assess if Thompson was interested in eugenics or whether, as Hall has suggested, she like others was simply engaging in the use of the language prevalent at the time. Hebbes, as the recipient of the requests for leaflets from Thompson, was obviously

aware of the work which she had been undertaking with the women in Northamptonshire as when the vacancy was advertised for a fully trained midwife with birth control sympathies, she wrote to Stopes recommending Thompson for the appointment. She described her as, *"A health visitor who has been quietly teaching birth control for along time, really trying to help mothers under her care in a proactive way."*¹³⁵

Thompson accepted a post in January 1923 at a salary of three guineas a week. This compared with the £165 per annum plus £10 uniform allowance she was receiving as a health visitor. She appears to have remained at the clinic, working in both the London and Caravan Clinics into the 1930s when she may have returned to health visiting in Northamptonshire although the evidence for this is not very clear. As with the other staff employed by Stopes there is no information on any impact that working in the clinics had on their future careers.¹³⁶

Gertrude Maggie Thompson and Elizabeth Ann Thom Latter

From the many replies received to an advertisement in the *'Nursing Mirror'* in October 1924, two midwives were appointed, Gertrude Maggie Thompson and Elizabeth Ann Thom (sic) Latter.¹³⁷ The former was a 30 year old widow with children; their ages are undetermined. She was a midwife by virtue of her training at Queen Charlotte's hospital, appearing on the CMB roll in 1921.¹³⁸ She had been working as a district midwife and in private nursing. Prior to her interview she was reluctant to name a salary as she was *"unsure of the work"* but she obviously made a good impression as

it was noted by Stopes that she was “*nice, interested in the work*” and that “*she would fit in well*”.¹³⁹

In the letter offering her the position, Mrs Bootle the secretary of the clinic outlined the terms and conditions which, reflective of Stopes preoccupation with the “*spies*” from the Roman Catholic Church also asked for her religious denomination. In her reply she identified herself as a member of the Church of England.¹⁴⁰ A post was offered on 17th November and her appointment confirmed one week later.¹⁴¹ She remained at the clinic until November 1925 but there are no indications as to why she resigned or what work she did after leaving the clinic.¹⁴² To date it has not been possible to trace her within the census, birth, marriages and death indexes so she remains a somewhat elusive figure.

Elizabeth Latter, appointed later in the year on 14th November, also qualified as a midwife in 1921 but at the Ink Road Lying-in Hospital. Her former career consisted of general nursing in a hospital outside Manchester, mental nursing, work in a military hospital and midwifery in a London district. Unlike Thompson she had no qualms about citing a salary, offering a figure of £150 per annum plus a uniform allowance as it “*would be required to board in a respectable club or boarding establishment as I have no permanent home*”.¹⁴³ Her marital status was not stated, although it can be presumed that she was single, nonetheless it has proved extraordinarily difficult to locate her in any of the census or indexes.

Angela Rosamund Griffiths

The final appointment for this period was Angela Rosamund Griffiths. Such was the brevity of her tenure, that there is a dearth of information about her but she was fairly easy to trace in the registers and decennial census. She was single and had been qualified as a midwife since 1905. She also appears to have been one of the oldest recruits being 54 years of age when offered the post but resigned after only 3 weeks citing her poor health as a reason.¹⁴⁴

To summarise, it appears more likely that the first three midwife-nurses having worked extensively with women and children in some of the poorer parts of London, Birmingham and rural Northamptonshire, were motivated by a humanitarian concern to alleviate the plight of women who they deemed to be condemned to ill health and poverty as a result of multiple pregnancies, rather than any concern with eugenics. However this is an area requiring further study. This completes the details for the first cohort of midwives, details of which are summarised in Table 4.1.

I will now move on to a brief description of the other staff working in the clinic in order to add some extra detail this will be used later in the discussion in chapter seven when this additional information will serve to illustrate the different ways in which this clinic operated in comparison to the other voluntary organisations. I turn first to the medical staff.

Table 4.1: Details of the first cohort of midwife-nurses employed at the Mothers' Clinic 1921-1926

Surname	First name	Birth year	Occupation of father	Social Class	Marital Status	Registered CMB date/number	Date of employment	Years qualified prior to employment	Age	Children
Hebbes	Maud	1881	Police	III	single	1908	1921	13	40	no
	Florence		Constable			26143				
Roberts	Gwendolen	unknown	unknown	unknown	widow	1921	1922	1	unknown	yes
	Allen					55001				
Thompson	Rosina	1882	Gardener	IV	single	1915	1923	8	41	no
	Penney					42944				
Latter	Elizabeth	unknown	unknown	unknown	single	1921	1924	3	unknown	no
	Ann Thom					55409				
Thompson	Gertrude	Circa 1894	unknown	unknown	widow	1921	1924	3	30	unknown
	Maggie					55068				
Griffiths	Angela	1872	Commercial traveller/leather	III	single	1905	1926	21	54	no
	Rosamund					22671	Resigned one month later			

The medical staff

The doctors were all visiting consultants; that is they attended the Mothers' Clinic but had other appointments elsewhere. The first of these, Dr Jane Hawthorne, had a practice at 150 Harley Street and attended the Mothers' Clinic on a Friday to deal with any abnormal cases detected by the midwife-nurses. She also had tenure at the East Islington Maternal and Child Welfare Centre.¹⁴⁵ This, it appeared had the potential to cause some problems probably because of the nature of the work at the Mothers' Clinic. In October the Medical Officer of Health in Islington asked to visit the clinic, a request that was freely granted by Harry Stopes Roe in the absence of Stopes who was on a lecture tour in the USA at the invitation of the Voluntary parenthood League of New York.¹⁴⁶ However the visitors particularly wanted to meet with Stopes, who by this time was something of a celebrity. Their visit was delayed until her return and the matter appears to have been resolved amicably as Dr. Hawthorne continued to work in the clinic. She was joined by Dr. Maud Kerslake in January 1924. One other member of staff also features in the documentary sources, the receptionist and secretary Elizabeth Bootle.

The receptionist and secretary

Mrs Elizabeth Bootle, a 30 year old war widow was the first receptionist. She had answered an advertisement in the Spectator in December 1921 for a secretary to a clinic although it did not specify that it would be a birth control clinic. (Note that she remarried in 1926 and became Mrs Richardson). During the war she had worked in the Army Pay Department and noted that she had "*a slight knowledge of typing*".¹⁴⁷ She was employed from 10 a.m-6 p.m Monday to Friday with a salary of 25 shillings per

week, remaining at the clinic for 19 years. I mention her here as she has been identified as supporting the mothers who called at the clinic. Indeed, the "*legend*" is that on the day the clinic opened the mothers were too frightened to come in so she went outside and led them in. This is probably an apocryphal account as the dates of her employment do not extend to the actual opening of the clinic, but it is recounted in an interview with one of the doctors who later worked at the clinic, Evelyn Fisher. It is illustrative of some of the problems of memory inherent in oral history accounts of events as outlined in chapter one. Her main contribution to the evidence used in the thesis comes from her correspondence with the midwife-nurses on the Caravan Clinics. This is discussed in chapters six and seven and provides some interesting insights into the relationships between some of the staff.

Conclusion

In this chapter I have explored the life of Marie Stopes focusing on four aspects; academic background; personal/marital life; influence of feminists and eugenic ideals which I deem of particular relevance to this thesis. The consequences of her first marriage, not only for her personally but eventually to the mass of the population seeking enlightenment on sexuality and the control of fertility were immense. I have discussed the impact of this on her decision to open the first birth control clinic provided by a voluntary society. The fact that the clinic was established combined with Stopes' perception on how services should be delivered, opened up a new career opportunity for a small but dedicated group of midwives, identified for the purpose of this thesis as the first cohort of midwives. The thesis now moves on to the next chapter

which explores the development of the Caravan Clinic and gives an identity to the second cohort of midwife-nurses engaged to work in this outreach service.

- 1 Maggs C. Nursing as historiography. In: Kings Fund Centre *New perspectives in Nursing History*. A Forum at the Kings Fund Centre. Friday 10th September 1984. London; Kings Fund; 1984 p.82.
- 2 Stocks M. *Still More Commonplace*. London: P.Davies; 1973 p.18.
- 3 Cohen D. Private Lives in Public Spaces: Marie Stopes, the Mothers' Clinics and the Practice of Contraception. *History Workshop Journal*.1993: Issue 35; pp.95-116.
- 4 Stopes M. *Man and other poems: a preface*. London: Heinemann; 1914.
- 5 Briant K. *Marie Stopes-A biography*. London: The Hogarth Press; 1962.
- 6 There are six biographies. Begbie E.H. *Marie Stopes: her mission and her personality. An impression portrait*. London: G.P.Putnam's Sons; 1927; Maud A. *Marie C. Stopes: Her work and play*. 2nd edition. John Bale, Sons & Danielsson Ltd: London; 1934; Briant K. *Marie Stopes-A biography*. London: The Hogarth Press; 1962; Hall R. *Marie Stopes: a biography*. London: André Deutsch; 1977; Rose J. *Marie Stopes and the sexual revolution*. London: faber and faber; 1993. Note that the first biography written by Aylmer Maud in 1924 has not been accessed as the material in this earlier biography was reproduced in the subsequent publication.

Aylmer Maud writer and translator. Educated at Christ's Hospital from 1868-1874 followed by two years at the Lyceum in Moscow. He married Louise Shanks in 1884. He spent more than twenty years in Moscow working for the Anglo-Russian carpet company before moving back to England with his wife and four children in 1897. Maud and his wife spent their time translating and publishing Tolstoy's work. This included Anna Karenina and War and Peace. Source: Baker W. *Aylmer Maud (1858-1938)*. Oxford Dictionary of National Biography accessed online at www.oxforddnb.com on 20th August 2007.

Stopes left a vast amount of documents. These were catalogued by the British library and Wellcome CMAC forming the collections BL Add Mss and CMAC: PP/MCS respectively.

7 Winifred Stopes (1884 -1923) did not marry and suffered ill health throughout her life. She died in a private nursing home, *St Michael's Home of Rest*, near Kettering in 1923.

8 Maud A.1934 p.38-41; Archibald Sayce orientalist and philologist. He was renowned as an expert on ancient Assyria and Babylon. Source: Battiscombe G. *Archibald Henry Sayce (1845-1933)*. Oxford Dictionary of National Biography accessed online at www.oxforddnb.com on 27th July 2007; Norman McCall was editor of the Athenaeum from 1871 until 1900. (The Athenaeum, a weekly literary review, was founded by James Silk Buckingham in 1822 becoming the New Statesman in 1931) Source: Martin Murphy G. *Norman McColl (1843-1904)*. Oxford Dictionary of National Biography accessed online at www.oxforddnb.com on 23rd July 2007; Heywood Walter Seton-Karr soldier, game hunter and amateur archaeologist. He professes to be a psychic with

the ability to pass messages from the dead to the living. On his death he bequeathed funds to the International Institute of Psychical Research the Eugenics Society and the Birth Control Clinic. Source: McConnell A. H. *Walter Seton-Karr (1859–1938)*. Oxford Dictionary of National Biography accessed online at www.oxforddnb.com on 27th October 2007; Sir Francis Galton, biostatistician, human geneticist, and eugenicist. He started his medical education in 1838 but moved to Trinity College Cambridge in 1840 to read mathematics. He married Louisa Jane Butler in 1853. His fame centres on his work into heredity. In 1883 he created the word eugenics. Source: Cowan R.S. *Francis Galton (1822–1911.)* Oxford Dictionary of National Biography accessed online at www.oxforddnb.com on 27th October 2007.

9 Maud A. 1934.

10 Hall R. 1977.

11 British Journal of Nursing. Outside the gates. Women. *British Journal of Nursing*. 1904 Oct 22nd: XXXIII (864); p. 341.

This was not the first occasion that Mrs Carmichael Stopes was mentioned in the nursing journals. A meeting was advertised in the Nursing Record & Hospital World on March 20th 1897. Under “*Coming Events*” identifies that was to lead the discussion entitled “*Is there any reasonable objection to extending the Parliamentary franchise to women?*”

12 Rayner R. J. The private and public life of a paleobotanist. *South African Journal of Science*. October 1991:87; p.474.

13 Stopes M. C. *Roman Catholic Methods of Birth Control*. London: Peter Davies; 1933.

14 Hall R. 1977 pp.185, 200 and 201.

15 As June Rose has indicated Marie C. Stopes was brought up in an era when women were expected to endure rather than enjoy sexual intercourse

16 Hall R. 1977.

17 Rose J.1993.

18 Leathard A *The fight for family planning*. Macmillan: London 1980; Maud A. 1932 p.72.

19 Hall R.1977.

20 Maud A. 1932 p.72

21 Rose J.1997 p. 73; the modern term for impotence is erectile dysfunction.

22 McLaren A. *Twentieth Century Sexuality. A History*. Oxford: Blackwell; 1999 p.51.

23 Reginald Ruggles Gates botanist and geneticists was born in Nova Scotia. He graduated with first class honours from Mount Allison University in Sackville in 1903. he obtained his PhD in 1908 for research into hereditary in plants. He married Marie Carmichael Stopes in 1911 and moved to London. In spite of his impressive academic record he had difficulty finding employment, a situation which caused further problems in an already troubled marriage. The marriage was annulled in 1916 following acrimonious accusations by both parties. He remarried in 1929 to a Miss J. Williams, a marriage which was set aside although no details are available. Gates continued to work in London at King's College moving to Harvard at the outbreak of World War II. He married for a third time in 1955 and returned to England in 1957 where he died in 1962. Source: Rushton A.R. *Reginald Ruggles Gates (1882-1962)*. Oxford Dictionary of National Biography Oxford; Oxford University Press; 2004. Accessed online <http://www.oxforddnb.com> 23rd July 2007; The Times. Obituary. Professor Ruggles Gates. *The Times*. Mon Aug 13th: 1962; p.10.

24 BL Add MCS 59848 Reginald Ruggles Gates. Statement dated April 2nd 1962.

25 BL Add MCS 59848 Letter to Keith Briant from Reginald Ruggles Gates 27th May 1962; Gates entered into a correspondence with Keith Briant, author of Stopes biography in which he offered a critique of Briant's work. The two appeared to be on friendly terms and exchanged letters between May and August 1962.

26 BL Add MCS 59848 The Farris Institute for Parenthood. Fertility results 1930 and 1947; The normal measure for the fertility of sperm involves the number morphology and motility of the sperm and is as follows: amount of ejaculate 2-6 millilitres; density 60-150 million ml-1; morphology 60-80 of normal shape; 50% mobile; See, Everett S. *Handbook of contraceptive and sexual health*. 2nd edition. Edinburgh: Balliere Tindall; 2004 pp.8-9.

27 *The Times*. 1962 p.10.

28 Note that Stopes also wrote a thinly disguised autobiographical play in 1926 called '*Vectia*' in which she detailed the events of her first marriage. The play was refused a performing license by the Lord Chancellor.

29 Rayner R. J. 1991.

30 BL ADD MSS 58564 Letter to Marie C. Stopes from Binnie Dunlop 6th November 1917; Dr Binnie Dunlop, MB BCh (Glas.) 1898; Hon. Sec. 1915-21 and Vice President 1937 of the Malthusian League; Eugenics Society Fellow 1937; Source: <http://www.eugenics-watch.com> accessed 27th October 2007; Alice Vickery has been previously referred to in chapter two of this thesis. Charles Vickery Drysdale electrical engineer and social philosopher only son of Charles Robert Drysdale (1828/9-1907) and Alice Drysdale Vickery (1844-1929). He was a founder member (1907) of the Men's League for Women's Suffrage and member of the Malthusian League. In 1907 he and his wife became co-secretaries of the league and he became editor of the league's journal, *The Malthusian*. He became president of the League on 1921 until it was disbanded in 1952. Source: Mitchell A. B. *Drysdale C.V.*

(1874-1961) Oxford Dictionary of National Biography accessed online at www.oxforddnb.com on 27th October 2007; Stella Browne feminist and abortion law reformer was active in the British Society for the study of sexology. She worked within the Malthusian League to allow women to have access to methods to control their own fertility. An ardent campaigner on the right for access to abortion, she admitted that she had undergone the procedure herself. She was also involved in the Women's Social and Political Union, The Divorce Law Reform Union, the Labour Party and the Fabian Society. She founded the Abortion Law Reform Association in 1936. Source: Hall L. *Browne F.W.S. (1880-1955)* Oxford Dictionary of National Biography accessed online at www.oxforddnb.com on 20th August 2007.

31 BL Mss Add 58564 Letter from Binnie Dunlop to Marie C. Stopes 15th November 1917.

32 BL Add Mss 58564 Letter from Binnie Dunlop to Marie C. Stopes 15th November 1917.

33 Hall R.1977 p.140.

34 Stopes M.C. *Married Love. Preface*. London: A.C.Fifield; 1918.

35 Condron S. Are these the 12 British works that changed the world? *Daily Mail*. Thursday 8th September 2005; p.27.

36 Hall R.1977 p.118-119.

37 Stocks M. *Still More Commonplace*. London: P.Davies; 1973 p.19; Mary Danvers Stocks née Brinton, Baroness Stocks women's activist and college head. She was a member of the National Union of Women's Suffrage Societies (NUWSS). She graduated from the London School of Economics in 1913. She married John Leofric Stocks (1882-1937) on 14 December 1913. She was deputy President of the Workers' Educational Association. She was part of the new wave of feminism particularly working for the improvement of the needs of mothers. With Charis Frankenberg she established a birth control clinic in 1926. Source: Sutherland D. *Mary Danvers Stocks née Brinton (1891-1975)* Oxford Dictionary of National Biography accessed online at www.oxforddnb.com on 27th October 2007.

38 Stopes M.C. *Wise Parenthood: The Treatise on Birth Control for Married People, A Practical Sequel to "Married Love"*. 10th edition. London: G.P.Putnam's Sons Ltd; 1923.

39 Hall R.1977.

40 *The Times*. Marriages. Thursday June 20th 1918; p. 9; Binnie Dunlop was Secretary of the Malthusian League and the Bishop Russell of Birmingham an advocate and supporter of birth control.

41 Rose J. 1993 p.127; Hall R. 1977 p.152.

-
- 42 Johnstone R.W. *A textbook of midwifery for students and practitioners*. 5th edition. London; A&C Black Ltd; 1926.
- 43 Bright Banister J. Bourne A.W. Davies T.B. Rivett L.C. Phillips G. and Lane-Roberts C.S. *The Queen Charlotte's Practice of Obstetrics*. London: J&A Churchill; 1927.
- 44 Johnstone R.W. 1926 p.168.
- 45 Bright Banister J. *et al* 1927 p.583.
- 46 Hall R. 1977 pp. 152-153; Rose J. 1993 pp. 127-128.
- 47 Hall R. 1977 p.153.
- 48 Varney H. Kriebs J.M. and Gegor C.L. *Varney's Midwifery*. 3rd edition. Sudbury Mass; Jones and Bartlett; 2004 pp.1261-1262.
- 49 Hall R. 1977 p.154; Rose J. 1993 p.129.
- 50 Hall R. 1977 p.154; Rose J. 1993 p.128.
- 51 Hall R. 1977; Rose J. 1993; Briant K. 1962.
- 52 BL Add MSS 58564 Letter from Binnie Dunlop to Marie C. Stopes 7th August 1919.
- 53 Briant K. 1962 p.122.
- 54 Hall R. 1997 p.154.
- 55 Stillbirth and Neonatal Death Society (SANDS) accessed at <http://www.uk-sands.org/Support/A-bereavement-journey.html> 8th October 2007.
- 56 In a women fertility declines significantly from the age of 35 years with the quality of the oocyte also diminishing. See European Society of Human Reproduction and Embryology Capri Workshop Group. Fertility and ageing. *Human Reproduction Update*. 2005 April 7th:11(3); pp.261-276.
- 57 Searle G.R. *Eugenics and Politics in Britain 1900-1914*. Leyden; Noordhoff International Publishing; 1976 pp.102-103.
- 58 Stopes M. C. Positive and Negative Control of Conception in its various technical aspects. *Reprint by A.R. Elliot Publishing Co. from Journal of State Medicine*. 1931: XXXIX (6); pp.354-360.
- 59 Sterilisation was introduced as a means of fertility control in the clinic in 1928.
- 60 Hall L. Marie Stopes and her correspondents: Personalizing population decline in an era of demographic change. In: Peel R.A. (ed). *Marie Stopes, Eugenics and The English Birth Control Movement*. London: The Galton Institute; 1997 pp.27-48.
- 61 Hall R. 1997 p. 94

62 Rose J. 1993 p.109.

63 Eaton P. and Warwick M. *Marie Stopes A preliminary checklist of her writings together with some biographical notes*. London: Croom Helm; 1977.

64 Taylor L. The Unfinished Sexual Revolution. *Journal of Biosocial Science*. 1971:3; 473-492.

65 Box M. (ed). *The trial of Marie Stopes*. London: Femina Books; 1967 p.8.

66 Begbie H.E. 1927 p.18.

67 CMAC: SA/FPA/A23/58/7 Letters between Marie C. Stopes, Mr J H and Mrs G S Guy with final comment by Edith How Martyn. (undated).

68 Gittins D. *Fair Sex: Family size and structure, 1900-39*. London: Hutchinson Education; 1982 pp.159-162; Fryer P. *The Birth Controllers*. London: Transworld; 1965 pp.196-199.

69 Peel J. The Manufacture and Retailing of Contraceptives in England. *Population Studies*. 1963:17.

70 Harrison B. Women and health. In: Purvis J. (ed). *Women's History: Britain, 1850-1945. An Introduction*. London: Routledge; 1995 pp.157-192.

71 D'Cruze S. Maternity. In: Purvis J. (ed). *Women's History: Britain, 1850-1945. An Introduction*. London: Routledge; 1995 pp. 51-83.

72 *Report of the Inter Departmental Committee on the Physical Deterioration of the Population*. Volume 1 London: HMSO; 1904.

The use of "Schools for Mothers" echoes the current policy of providing "SureStart" programmes.

73 Davin A. Imperialism and Motherhood. *History Workshop Journal*. 1978 Spring: 5; pp. 9-66.

74 Women's Co-Operative Guild. *Maternity-Letters from Working-Women*. London: G. Bell and Sons Ltd; 1915; this book was recommended to medical students by the distinguished obstetrician Dr. Ballantyne and two editions promptly sold out; Hall L. Marie Stopes and her correspondents: Personalizing population decline in an era of demographic change. In: Peel R.A. (ed). *Marie Stopes, Eugenics and The English Birth Control Movement*. London: The Galton Institute; 1997 pp.27-48.

75 Graves P.M. *Labour Women. Women in British Working-Class Politics 1918-1939*. Cambridge: Cambridge University Press; 1994.

76 Soloway R.A. *Birth Control and the Population Question in England, 1877-1930*. Chapel Hill: University of North Carolina Press; 1982 p. 282; Miss Elizabeth Daniels

later went to Holland to learn about birth control methods. On her return to England she set up her own clinic which was later visited by Nurse Elizabeth Latter.

77 PRO DT 5/270 Agendas and Reports GNC Education and Examinations Committee 1 July 29th 1924-July 4th 1928; PRO DT 5/271 Agendas and Reports GNC Education and Examinations Committee December 13th 1928-June 17th 1931; PRO DT 26/1 General Nursing Council for England and Wales: Examinations: Final Intermediate and Preliminary Examination Papers 1925-1927.

78 Interview with Nurse E.O. 2001.

79 Interview with Nurse J.C. 2002.

80 Interview with Nurse P.W. 2002.

81 Rafferty A.M. *The Politics of Nursing Knowledge*. London: Routledge; 1996.

82 Interview with Nurse J.C. 2002.

83 A gummatous infiltration of the bones of the nose which can cause a deformity as the nose erodes; Interview with Nurse J.C. 2002.

84 Interview with Nurse P.H. 2002.

85 Interview with Nurse M.T. 2002.

86 Interview with Nurse M.T. 2002.

87 Interview with Nurse J.C. 2002.

88 Oct 1919-Oct 1922, Lloyd George Coalition Government, Minister of Health C. Addison. From April 1921, Sir Arthur Mond became Minister of Health; October 1922, Bonar Law Conservative Government. Minister of Health Sir A Griffith-Boscawen resigned March 1923 and was replaced by Neville Chamberlain; May 1923 Baldwin's Conservative Cabinet. Neville Chamberlain Minister of Health until August 1923. Succeeded by Joynson-Hicks; January 1924, MacDonald's first Labour Government, Minister of Health J. Wheatley; November 1924, Baldwin's 2nd Conservative Cabinet, Minister of Health Neville Chamberlain; June 1929, MacDonald's second Labour Government, Minister of Health Arthur Greenwood; August 1931, MacDonald's first national government, Minister of Health Neville Chamberlain; November 1931, MacDonald's second National Government, Minister of Health Sir E Hilton-Young.

89 Hoggart L. The campaign for birth control in Britain in the 1920s. In: Digby A. and Stewart J. (eds). *Gender, Health and Welfare*. London: Routledge; 1996 pp. 143-166.

90 Soloway R.A 1982 p.285.

91 The Labour Minister of Health, Wheatley, who was also a Roman Catholic, refused to change policy fearful that the Roman Catholic vote would collapse. The seven

founder members of the WBCG were Rose Witcop, Joan Malleson, Marjory Allen, Frida Laski, Dora Russell Leah L'Estrange Malone and Dora Russell. For details see Russell D. *The Tamarisk Tree. My quest for liberty and love*. London: Elek/Pemberton; 1975 pp.173-174; BL Add Mss 58621 Gordon Rees ILP Neath Branch to Marie Stopes 11th June 1929.

92 Birth Control News July 1924 pp.2-4.

93 Llewelyn Davies M. *The Women's Co-Operative Guild 1883-1904*. Kirby Lonsdale: Women's Co-Operative Guild; 1904 p.148.

94 Webb C. *The Woman with the Basket. The History of the Women's Co-Operative Guild 1883-1927*. London: Women's Co-operative Guild; 1927; Margaret Caroline Llewelyn Davies joined the WCG in 1883 rising to become General Secretary of the Guild in 1883, a position she held for thirty-two years. Her book '*Maternity Letters from working women*' and '*Life as we have known it*' published in 1915 and 1931 respectively provided a powerful insight into the conditions experienced by working class women. Source: Stott M. *Margaret Caroline Llewelyn Davies. (1861-1944)* Oxford Dictionary of National Biography accessed online at www.oxforddnb.com on 28th October 2007.

95 Webb C.1927.

96 Webb C.1927.

97 Scott G. *Feminism and the politics of working women*. London: UCL Press; 1998; Eleanor Barton (née Stockton) was born in Manchester circa 1872. She married Alfred Barton in 1894. Both were active socialists. She joined the Women's Co-operative Guild in 1901, rising through the levels of membership to become its treasurer in 1913 president in 1914 and General Secretary in 1925. She was influential in guiding the Guild through a variety of radical policies on birth control in the 1920s (during which she was in contact with Marie Stopes) and abortion reform in the 1930s. After her retirement she moved to New Zealand where she died in 1960. Source: Doughan D. *Eleanor Barton (née Stockton) 1872/3-1960*. Oxford Dictionary of National Biography accessed online at www.oxforddnb.com on 28th October 2007.

98 Llewelyn Davies M.1904; Hoggart L. *Feminist campaigners for birth control and abortion rights in Britain*. Studies in British History Volume 69. Introductory Note Lewiston: The Edwin Mellen Press; 2003.

99 Women's Co-Operative Guild. 1915.

100 Webb C. 1927.

101 Stopes M.C.1941 pp.399-401

102 Stopes M.C.1931.

103 Alice Vickery assumed the Presidency of the Malthusian league following the death of her common-law husband C.R. Drysdale, in 1907.

104 Lewis J. 1979 p.36.

105 BL Add Mss 58596 Letter from Maud Hebbes to Marie C. Stopes 11th April 1922; BL Add Mss 58596 Response from Marie C. Stopes to Maud Hebbes 12th April 1922.

106 British Journal of Nursing. The Mothers' Clinic. *British Journal of Nursing*. March 26th 1921: LXVI (1,721); p.179.

107 British Journal of Nursing. Coming Events. *British Journal of Nursing*. May 28th 1921: LXV (1,729); pp. 328-329.

108 British Journal of Nursing. Letters to the Editor. Constructive Birth Control and response. *British Journal of Nursing*. Oct 1st 1921: LXVII (1,748); p.217.

109 The Society for Constructive Birth Control and Racial Progress. *Constitution, Officers and Membership form*. London: CBC Society; 1921.

110 British Journal of Nursing. Birth Control. *British Journal of Nursing*. 17th September 1921: LXVII (1746); p.186.

111 CMAC: PP/MCS/C4 Letter from Maud Hebbes to Marie C. Stopes 5th February 1923.

112 CMAC: PP/MCS/C39 Medical Research Committee: there are very few documents none of which give any detail of the work carried out by the committee.

113 Stopes M.C. *Contraception-its' theory history and practice*. 5th edition. London: Putnam; 1941 p.338.

114 Cohen D. 1993 pp.95-116.

115 Leathard A. 1980; Spring Rice M. *Working-Class Wives. Their Health and Conditions*. London: Virago; 1981.

116 CMAC: PP/MCS /C50 Birth Control News September 1922 p.1

117 CMAC:/PP /MCS/C54 Notice on training for the CBC certificates.

118 BL Add Mss 58596 Letter from Maud Hebbes to Marie C. Stopes 15th February 1921; Box M. (ed).1967; The building housing the Mothers' Arms clinic and crèche in Bow was previously a public house variously described as the Eleanor's or Gunners Arms. A local politician George Lansbury helped to raise funds. It is suggested that the milk bill for the clinics was more than £1000 per annum.

<http://www.eastlondnhistory.com/sylviapankhurst%20book.htm> accessed on August 1st 2007.

119 CMAC: PP/ MCS /C4 Testimonial from Dr Johnson regarding Nurse Maud Hebbes July 1920.

-
- 120 Pankhurst E.S. *The Home Front: mirror to life in England during the First World War*. London: Hutchinson Publishing Group Ltd; 1932 p.211.
- 121 BL Add Mss 58621 Letter to Marie C. Stopes from Maud Hebbes 15th February 1921.
- 122 CMAC: PP/MCS /C4 Letter to Marie C. Stopes from Maud Hebbes 19th February 1921.
- 123 CMAC: PP/MCS /C4 Letter to Maud Hebbes from Marie C. Stopes 27th February 1921.
- 124 GRO 1881 Mar Biggleswade 3b p.373.
- 125 1901 Census RG13 1511 Folio 61 page 19 127 Details for Maud Hebbes; PRO DV7/6 CMB Roll of Midwives 1908; PRO DV7/18 CMB Roll of Midwives 1920; PRO DV7/20 CMB Roll of Midwives 1922; PRO DV7/26 CMB Roll of Midwives 1928.
- 126 Parkes A.S. King D. The third Marie Stopes Memorial Lecture. The Mothers' Clinic. *J.Biosoc.Sci.* 1974 April: 6 (2): 169.
- 127 CMAC: PP/MCS /C50 Birth Control News p.2. Quotation from a speech made by Sister Roberts.
- 128 The General Nursing Council was formed in 1921; BL Add Mss 58596 Letter of application from Nurse G.A.Roberts (undated)
- 129 BL Add Mss 58596 Letter from Nurse Rosina Penney Thompson to Maud Hebbes 21st January 1923.
- 130 BL Add Mss 58596 Letter from Nurse Rosina Penney Thompson to Nurse Maud Hebbes 14th September 1921
- 131 CMAC: PP/MCS /C4 Letter from Nurse Rosina Penney Thompson to Nurse Maud Hebbes 22nd November 1922.
- 132 BL Add Mss 58596 Letter from Nurse Rosina Penney Thompson to Marie C. Stopes July 16th 1921.
- 133 CMAC: PP/MCS /C4 Letter to the editor of the Nursing Mirror from Nurse Rosina Penney Thompson. Unpublished. 17th November 1923.
- 134 British Journal of Nursing. Report on the Association of trained nurses in public health work. *British Journal of Nursing*. 1920 7th August: LXV (1,688); p. 74.
- 135 CMAC: PP/MCS /C4 Letter from Maud Hebbes to Marie C. Stopes 5th February 1923.

136 Medical Officer of Health Public Health Report. Kettering 1931

137 CMAC: PP/MCS/ C4 Copy of advertisement submitted to the Nursing Mirror 10th October 1924.

138 CMAC: PP /MCS/ C6 Letter from G.M Thompson to Dr M.C Stopes 10th Aug 1925 in which she states that she could not always “get” to the patients until she told them that she had children of her own.

139 BL Add Mss 58596 Letter from G.M.Thompson to Marie C. Stopes 16th October 1924.

140 BL Add Mss 58596 Letter from Mrs Bootle to G.M.Thompson 21st October 1924; CMAC: PP/MCS/C4 Letter from G.M.Thompson to Marie C. Stopes 27th October 1924.

141 CMAC: PP/MCS/C4 Letters from Marie C. Stopes to G.M.Thompson 17th and 24th November 1924.

142 BL Add Mss 58589 Agenda of the CBC Executive Committee 12th November 1925.

143 BL Add Mss 58596 Letter from E.A.Latter to Mrs Bootle 22nd October 1924.

144 CMAC: PP /MCS/C5 Letter from A.R.Griffiths to Marie C. Stopes 9th January 1926.

145 CMAC: PP /MCS /C1 Letter from Dr Jane Lorimer Hawthorne to Marie C. Stopes 18th January 1921.

146 Margaret Sanger founded the American Birth Control League shortly after Stopes visit to New York in October 1921.

147 Parkes A.S and King D.1974; BL Add Mss 58596 Letter from Mrs E.A.Bootle. Recipient not stated. 13th December 1921.

Chapter Five: Expanding the access to the service

Introduction

This chapter will explore four developments that enabled birth control services to be made more widely available from 1925 and which impacted on the role of the midwife-nurses; the relocation of the Mothers' Clinic to larger premises in Whitfield Street; the subsequent link with the commercial birth control clinic run by E.W.Lambert; the association with Abertillery Hospital; and the establishment of an outreach service in the form of Caravan Clinics. This chapter thus expands discussion of the research questions previously identified in the introduction; what were the social, medical, professional and legal influences that contributed to the development of birth control nursing in the Marie Stopes' Mothers' Clinics; what part did the midwife-nurses play in the development of this role and how did the role of the birth control midwife-nurses in the Marie Stopes Clinics evolve?

Although the historiography surrounding Stopes and birth control is vast, generally these aforementioned aspects have attracted little attention. The Caravan Clinic receives a brief mention in Leathard's study, but this simply acknowledges that this was an innovative development, being the only mobile birth control clinic to be used at this time.¹ Similarly, Hall in her biography of Stopes devotes three paragraphs to what she refers to as one of Stopes "*apparently ludicrous ideas...a travelling horse-drawn birth control clinic*".² This is supplemented by a disparaging account of one of the nurses who it is claimed was not only incompetent but also frequently drunk. Rose dedicates merely six lines of text to the Caravan Clinic but, as I will later demonstrate in this chapter, even this diminutive amount of information is both inaccurate and misleading.³

The first section explores the transfer of the Mothers' Clinic from Holloway Road to Whitfield Street; in exploring the relocation of the clinic I will also examine the link with Lamberts' commercial clinic, and a previously unrecorded consequence of the move from the site of the original Mothers' Clinic. This was the adroit use of a Deed of Covenant which facilitated some linkage between the staff engaged in both establishments. I have included some of the personal details of the midwife-nurses employed in this commercial clinic, with the rationale that these individuals originally applied to work within the Mothers' Clinic and thus may share some of the characteristics of the first and second cohort of midwife-nurses. I will demonstrate that the link with the first hospital-based clinic in Abertillery hospital in 1925, offered further opportunities for Stopes to influence the mode of delivery of this service. Additionally the Mothers' Clinic was also involved with the recruitment and eventual training of the nurse in charge, Naomi Jones.

This is followed by an examination of the Caravan Clinic outreach service, tracing the project from the germination of the idea of using a caravan as a clinic in 1926, through its inception and the first five years of the service. The final section explores the key figures and events involved in the evolution and development of the Caravan Clinic. For clarity, these are presented thematically, although they are not exclusive and some overlap is inevitable. The aspects to be explored are as follows: first the evolution of the Caravan Clinic which traces the emergence and basis for the idea, the fundraising, purchase, design and construction of the Caravan; second identification of the type of publicity and the networks used to provide support to the Caravan and the staff on their travels around the country; third the recruitment of new midwife-nurses to work on the

Caravan and the use of the main clinic as both a venue for training and refresher sessions. The information thereby builds on the previous chapter while also providing further context for chapter six, which will focus on the distinct aspects of the work undertaken, and the life experienced by the midwife-nurses in both clinical settings. The chapter begins by exploring the relocation of the Mothers' Clinic and the link with the commercial clinic owned by E.W.Lambert.

Expanding and relocating the Mothers' Clinic

In 1923 the "*Stopes Clinic Appeal*" had been launched with the aim to raise £10,000 the amount required to move the clinic to larger premises, on the grounds that many women were being turned away by the "*always overworked*" staff. It also appears that legal costs had made it difficult for Stopes and her husband to continue to personally support the clinic. Sister Roberts was identified, along with a firm of solicitors, as a person to whom donations could be sent.⁴ By 1925 sufficient funds had been raised and the Clinic transferred to the new premises. These were more spacious, having six rooms, one of which was allocated to the midwife-nurses with the others providing waiting, clinic, work and committee rooms, plus a library.⁵ What has not previously been fully explained is what happened to the original premises at 61 Marlborough Street, Holloway.

Lamberts

The documentary evidence shows that the company E.W.Lambert and Sons of Dalston, patentees and manufacturers of surgical goods, purchased the premises at a cost of £3000 or possibly £3800, the evidence is unclear on this point. Stopes had a business

relationship with the company who supplied the contraceptives used in the clinic, describing them as *"the only honest manufacturer we know in this county"*.⁶ The company also had direct contact with the midwife-nurses and under their instructions dispatched supplies to those who had visited the Mothers' Clinic for advice and fittings.⁷ While this relationship was important, what is of greater interest and relevance to this thesis are the clauses outlined in the Deed of Covenant which transferred the freehold of 61 Malborough Road from Stopes to Lambert in July 1925.

As the company intended to open a commercial birth control clinic on the premises, Stopes presumably in an attempt to protect the reputation of the Mothers' Clinic, had the following clauses inserted into the agreement: that it shall be lawful for Stopes to display a framed notice on the door identifying that the Mothers' Clinic had moved to Whitfield Street and therefore that *"This clinic is no longer connected with the Society for Constructive Birth Control nor with Dr. Marie Stopes"*.⁸ Furthermore the company agreed that the sign would remain in place as long as they used the premises as a birth control clinic. They also undertook to enclose the same information in any letters sent in response to enquiries about contraceptives. This seems entirely reasonable, but it is the next stipulation which is most significant and provided the clinical link with the Mothers' Clinic and thereby between the midwife-nurse employees in both organisations. This stated that as long as the company carried on using the premises as a birth control clinic they would, *"Employ at the said premises for all such work as involves the personal examination of customers and patients at least one trained nurse holding the CBC Certificate"*.⁹ The CBC certificate was awarded by Stopes' Society for Constructive Birth Control, following training in the Mothers' Clinic and successful

completion of clinical practice, a written and an oral examination. Details of this scheme are explored more fully in chapter six.

This final clause thus had several ramifications. First Stopes was able to recommend unsuccessful applicants for employment at the Mothers' Clinics to Lamberts, and as I have indicated there are a number of instances where this occurred. Once employed by Lamberts, those midwife-nurses were sent to the Mothers' Clinic to undergo the CBC training. Furthermore this engendered a process whereby Stopes could "*borrow*" Lamberts' trained midwife-nurses to assist in the Mothers' Clinic when there was a particular demand; indeed one instance occurred in 1925 following the publication of her article in *'John Bull'* which elicited a deluge of correspondence and personal enquiries. Evidence suggests that four midwife-nurses were offered posts in the Lamberts clinic by this process: Lilian Scannell, Maude N. Hargreaves, Alice M. Wallingford and E.G. Davies.¹⁰ There are no indications as to why they were not appointed to the Mothers' Clinic, even though they appeared to have similar backgrounds to the midwife-nurses who were successful in their applications to work in the Stopes' clinic.

Lilian Scannell

Nurse Lilian Scannell had responded to an advertisement in the *'Nursing Mirror'* in February 1925. Because she was single and had a somewhat unusual surname it has proved relatively easy to trace her antecedents. She is variously described as being born in Bristol or Gloucester in 1894 to Jas (James) Hy (*sic*), a carpenter and coach builder

and his second wife, Emily Scannell.¹¹ Lilian had obtained her CMB certificate in April 1924. Although the notes of her interview at the Mothers' Clinic deemed her "*young, bright, and determined*" she was not appointed. However in July she was offered and duly accepted the vacancy in Lamberts described in a letter as "*a clinic run on business lines*". She commenced training in the Mothers' Clinic in August under the tuition of Nurse Roberts who reported that Nurse Scannell was keen and enthusiastic but that, "*her youthful appearance will be a little against her with some of the sensitive shy women*".¹² Although initially she was favourably inclined towards Scannell, Stopes quickly became irritated with her. Shortly after taking the CBC examination in September 1925, Scannell wrote to Stopes asking if she could be considered as the candidate to undertake a visit to San Francisco in the USA. Her rationale was that her two sisters were going to America to join their only brother and they were anxious that she should accompany them. Obviously unaware of the situation regarding birth control clinics, Scannell offered to carry on with Stopes' work in the USA. "*Chicago I favour, but do not mind where, if only I am near them*".¹³ She also suggested that Stopes could use her influence to help her obtain a passport. Not surprisingly the response this elicited was a resounding "*no*" and a comment to the effect that leaving Lamberts now would be treating them very shabbily and would be very confusing for everyone.¹⁴

Further mention of Scannell appears fleetingly in the documentary sources with a letter identifying an appointment with Stopes in December 1925.¹⁵ Whatever the purpose of the meeting and whether it ever took place is open to conjecture, but Scannell obviously paid little heed to Stopes' admonishment and travelled to the USA on 20th January 1926 sailing from Southampton to New York on the Aquitania.¹⁶

Maude Hargreaves

As far as can be ascertained the second midwife to be employed by Lamberts and trained in the Mothers' Clinic was Maude Hargreaves who was directed to the company in July 1925, and started work in October of the same year. Aged 35 she had been practising as a midwife for four years. She commenced her CBC training immediately under the auspices of Nurse Thompson.¹⁷ She remained at the clinic for a further two weeks after completing her training to help with the deluge of correspondence resulting from Stopes' articles in the *'John Bull'* magazine, probably returning to Lamberts in the middle of December.¹⁸ Hargreaves appears on the 1901 census in May Bank, Staffordshire, then aged nine; she was daughter of James, described as a "*Potters printer*" and his wife Hannah.¹⁹

E.G. Davies

The third midwife offered work in Lamberts, E.G. Davies had previously applied to Stopes for the position at the Abertillery hospital clinic, details of which appear in the following section. As with Scannell and Hargreaves, she received a letter from Stopes in July 1925 outlining the terms of the work.²⁰ While it was not possible to find a reply to this offer in the archives, it can be deduced that she refused, as there is later correspondence between Davies and Stopes in 1927 in which she enquires about the training course at the Mothers' Clinic.²¹ There was probably another individual employed in a similar fashion as both Stopes and Scannell refer to a third midwife-nurse but it has not been possible to positively identify her in the archival sources, although this may have been Alice M. Wallingford. Nonetheless, the interplay between both organisations did allow the same type of service to be delivered by the Lamberts staff

although it is unlikely that they would have had access to a visiting doctor in the same way as the staff in the Mothers' Clinic. I will now move on to explore the links between the Mothers' Clinic and the first hospital-based birth control clinic in Abertillery.

Abertillery-the first hospital-based birth control clinic

In 1924 the Secretary of Abertillery District Hospital in Monmouthshire, Victor Roberts, wrote to Stopes for advice on how to establish a clinic and requesting suitable publications which would inform the committee about contraceptive methods and the logistics involved in organizing a birth control clinic. The Board of the hospital had unanimously decided that there was a great need for services of this kind in the largely working class population.²² At this time Abertillery was a traditional Welsh mining town, with the majority employed in coalmining, iron and tinplate works.²³

In 1924 the situation remained that staff in the local authority Maternity and Child Welfare Centres were still unable to offer advice on birth control while the other organizations such as the voluntary clinics and doctors therein employed, could do so if they wished. The Ministry of Health maintained its stance that women needing contraceptive advice on medical grounds should be referred to a private doctor or a hospital.²⁴ However this was the first occasion that a hospital had taken the decision to open such a clinic. Stopes replied to Roberts, suggesting a list of equipment, reading material and, in an endorsement of the use of midwife-nurses stated thus

Furthermore I would point out that the majority of normal healthy women do not need any medical assistance if you have a fully qualified midwife who has been specially trained in contraceptive details.

She went on to suggest that the three to four weeks training offered by the CBC, which at this time was only available to the staff to be employed in the clinic, rendered the midwife-nurses capable of dealing with all normal cases and identifying those who needed to be referred to the doctor. She recommended that they follow similar staffing levels as the Mothers' Clinic with a midwife available every day and a visiting doctor one or two days per week.²⁵ In a further exchange of correspondence the salary to be offered was discussed, Stopes suggesting that the higher level of training warranted an increase of up to twenty pounds per annum on the usual salary for a resident midwife. She agreed to assist in the selection of a suitable candidate while insisting that the interview and final decision would rest with the hospital committee but recommended that the main thing they should seek in the candidate was "*a woman with a thoroughly nice personality*".²⁶

An advertisement placed in the '*Nursing Mirror*' and '*Nursing Times*' in February 1925 asked for midwife applicants with a CMB certificate to undertake ward work and part time work in a birth control clinic. As was the custom, board, uniform and laundry allowance would be provided. On Stopes' suggestion, in their application as well as identifying their experience, the candidates were asked to state what salary they would require.²⁷ Two weeks later four candidates were under consideration, two of whom resided in Wales. It can be inferred from the correspondence that Stopes was involved in the interviews which took place in Cardiff sometime in March. The final appointment confirmed Naomi Jones as the new midwife-nurse.

Naomi Jones

Jones was later to work for Stopes on the Caravan Clinic so it is useful at this point to examine her background and antecedents. The commonality of her surname could have caused problems, but the fact that her forenames were Naomi Beatrice Annie meant that it was relatively easy to find her in the census register, CMB Roll and birth index. She was born in 1884 in Kidderminster to John Bentley (a hawker by trade) and Ellen Heath Jones.²⁸ In the 1891 census she is identified as a scholar and in 1901 as a milliner.²⁹ She obtained her CMB certificate in 1915, her date of qualification identified as 31st August, with the Roll of Midwives showing entries throughout the 1930s.³⁰ She was thus 40 years old and single, when she undertook the CBC training in 1925.

The link with the clinic and the other midwife-nurses was established when Jones was sent for training in the Mothers' Clinic. She was instructed to wear the blue overall and white cap adopted as the clinic uniform and to read Stopes book "*Contraception*" in order to become familiar with the terminology. A report of her progress sent to Victor Roberts six days after she commenced training was somewhat mixed. While identifying that her approach to the women was sympathetic and therefore a great asset it was deemed that she, "*Needs a little more definite polish and finish in both her work and her appearance*" and in an endorsement of the approach adopted to the clinical aspects, "*We like at our Clinic to have a smart professional atmosphere as far as possible in the technique of the work*".³¹ Whatever her deficiencies, Jones successfully completed the training and Stopes, never one to forgo any opportunity for publicity, tried to persuade Victor Roberts to involve the press in highlighting this new development.³²

Table 5.1 Details of the midwife-nurses employed at Lamberts

Surname	First name	Birth year	Occupation of father	Social Class	Marital Status	Registered CMB date/number	Date of employment	Years qualified prior to employment	Age	Children
Hargreaves	Maude	1890	Potters Printer	III	single	Not traced	Employed by Lamberts 1925	Not traced	35	no
Scannell	Lilian	1894	Coach builder	III	single	1924 63074	Employed by Lamberts 1925	1	31	no
Wallingford	Alice Minnie	circa 1884	unknown	unknown	single	1913 39254	Offered 1925	12	41	no

Table 5.2 Details of Naomi Jones, midwife-nurse employed in Abertillery and later in the second cohort of midwife-nurses in Mothers' Clinics

Surname	First name	Birth year	Occupation of father	Social Class	Marital Status	Registered CMB date/number	Date of employment	Years qualified prior to employment	Age	Children
Jones	Naomi Beatrice	1884	Hawker	IV	single	1915	1926 Abertillery	11	42	no
	Annie					42826	1927 Caravan			

Jones returned to Abertillery in May to prepare to open the clinic on 15th June. From her description it appears that no expense had been spent to equip the clinic. She described with glee to Sister Roberts the details of the layout of the clinic and the furnishing and equipment therein. The opening of the department was described as a great success with 20 mothers requesting appointments for the following week. Her optimism was however short lived. Over the following year her correspondence with Stopes became increasingly despondent as she bemoaned the lack of mothers attending the clinic and the opposition from the once wholly supportive hospital committee. In February 1926 she reported that the committee had agreed to keep the department open for a further twelve months and she was trying to think of ways to prompt the women to attend. She identified the Roman Catholic and the Welsh religious element as influencing the women.³³ Stopes was encouraging in her replies, but despite Jones efforts including the distribution of 1,000 leaflets and door step visits by September 1926, after one year and four months, the project was at an end and a disappointed Jones wrote to say that she was returning to nursing.³⁴ Nurse Jones obviously did not lose her enthusiasm for the work. As will be shown in the next section she was to return to work with Stopes on the second Caravan Clinic eight months later.

The chapter thus now moves on to explore the processes that enabled birth control services to be more widely available from 1927 by the establishment of a Caravan Clinic. It therefore traces the project from the inception of the idea of providing a Caravan Clinic in 1926, through to its production and traces the first five years of service. As I identified earlier, the Caravan Clinics have previously received only scant attention, thus this part of the chapter identifies the key figures in the evolution and the

development of the Caravan Clinic. The information thereby provides a context for chapter seven, which focuses on the distinct aspects of the work undertaken, and the life experienced, by the midwife-nurses.

The development of the Caravan Clinic

Five years after the opening of the first clinic by Stopes, opportunities for women to access a birth control clinic were still limited. Only ten were available and relatively few women took the opportunity to avail themselves of the services provided in these city based clinics. The recent success of a Private Members Bill in the House of Lords sponsored by Lord Buckmaster had raised hopes that the Government might change its stance, or at least deters the Ministry, from taking action against any doctor or welfare committee electing to give advice in a municipal clinic. However while the House of Lords demonstrated their support for such action, a similar bill proposed by Ernest Thurtle in the Commons was heavily defeated.³⁵

A report in the *'Birth Control News'* concluded that the view of many of the opponents to both motions, that birth control should be left to voluntary enterprise, was in light of the enormity of the problem, totally inadequate. The best route for the future would be to utilise the existing Maternity and Child Welfare Centres. There is no evidence to suggest that these events had any particular influence on Stopes decision to devise a travelling clinic. Nonetheless as Stopes recounts in her book *'Contraception'*, building on what she saw as the success of the Mothers' Clinic she was determined to take the birth control service to the women who she felt were unable to access birth control because of the lack of clinical or medical help.³⁶

There is no evidence to suggest that these events had any particular influence on Stopes decision to devise a travelling clinic. Nonetheless as Stopes recounts in her book *'Contraception'*, building on what she saw as the success of the Mothers' Clinic she was determined to take the birth control service to the women who she felt were unable to access birth control because of the lack of clinical or medical help. A travelling clinic would in fact serve the dual function of offering a service to women while simultaneously providing practical birth control training to the local doctors, midwives and other social organisations.³⁷ Thus the women seeking advice would be used as a means of training more professionals in the clinical aspects of the work. In the same publication, Stopes rather disingenuously avoided giving credit to the instigator of the idea for a travelling clinic. Although claiming that she had nurtured the idea ever since founding the Mothers' Clinic in 1921, this is at odds with the evidence within the documentary sources that suggests that the fundamental idea actually originated from a member of the Executive Committee, her personal assistant Mr. Bertram Talbot.³⁸

The origins of the travelling clinic

In a letter to Talbot in December 1926 Stopes wrote, "*We were very interested in the suggestion you put forward at the meeting regarding a nurse caravan*".³⁹ The meeting to which she referred was probably the usual monthly meeting of the Executive Committee that took place on the 17th November 1926.⁴⁰ The Agenda and minutes of the following month, record that discussion took place around a proposal of providing a Caravan Clinic. However, it appears that not everyone who usually supported Stopes was happy with the idea, fearing that it might be interpreted as a publicity stunt, antagonise the public and create more adversaries for Stopes and the movement.

Rather, Mrs C.Ostlere usually a stalwart supporter of the society from Scotland, declared that efforts needed to *“be directed towards getting women to keep on asking doctors for advice and, when refused, get up petitions”*.⁴¹ The latter objection and solution offered by Ostlere demonstrates a somewhat unrealistic and untimely appreciation both of the attitude of many of the medical profession, which I have previously referred to in this thesis, as well as a misperception of the lives of working class women. The Women’s Health Enquiry, which recorded the level of morbidity among married working class women in the 1930’s, suggested that only 60 per cent had actually paid to see a doctor. This and other evidence demonstrates a reticence from this class of woman to seek help even when they experienced symptoms of illness or problems following childbirth. Indeed the midwife-nurses frequently commented on the appalling amount of untreated gynaecological problems among the women they examined, many of which were caused by lack of care following childbirth.⁴² A lack of sympathy and understanding to their plight, coupled with inappropriate advice meant there was little prospect of working class women visiting a doctor to request birth control advice.⁴³ Stopes appreciated this and had predicated the ethos of the original clinic on this fact, but it is apparent that not all of her supporters were so enlightened.⁴⁴

In the same correspondence, Stopes also asked Talbot to furnish further details about a Caravan Clinic. She wrote

*drop me a line at Givons Grove Leatherhead letting me have further particulars about it or if you have them also letting me know where it is to be seen and whether you have any actual experience of anything similar having been done.*⁴⁵

In his response Talbot observed that the use of travelling vans was not unknown and that they were currently operated by a range of organisations including the Church

Army as a Caravan Mission, the Socialists (in the form of their Clarion Van) and by members of the Showman's Society.⁴⁶ His knowledge of the use of caravans stemmed from his past experience as he was the first person to be appointed as a lay van missionary in Carlile's Church Army.⁴⁷

Talbot was correct in his assertions that other organisations were using caravans, but of greater relevance to this thesis, is the evidence that they were being utilized some years earlier for health related activities. Indeed, examination of the nursing journals reveals that caravans had featured in both war and peacetime health care. In particular, the Women's Imperial Health Association operated caravans in the early part of the twentieth century. The first of these, the '*Aurora*' was reported as touring the country "*on a mission of sanitation*".⁴⁸ This service, staffed by women, travelled around giving lectures, "*demonstrated by cinematograph pictures*".⁴⁹ Other reports identify that the same association had appointed a lecturer who would be on the road in Sussex and Surrey over the summer.⁵⁰ In 1911, in a ceremony held in the Royal Botanic Gardens, a second caravan was dedicated into service. Viscountess Helmsley christened this new caravan with milk and gave it the name '*Florence Nightingale*'. This was later reported to be camped under a guard of Crimean veterans at the Women's Imperial Health Association fete.⁵¹ An editorial in the '*British Journal of Nursing*' described how caravans that waged war on tuberculosis were doing good work in Dublin.⁵² In a similar vein and as part of the Bishop of Winchester's Mission, hop-pickers had the facility of a camp hospital including two caravans. Qualified nurse-midwives reportedly dealt with injuries and illnesses as well as several cases of midwifery in the vans and wigwams occupied by these seasonal workers.⁵³ Two bath caravans, designed by civil engineer Mr J.R. Anderson, were also a feature during the First World War.

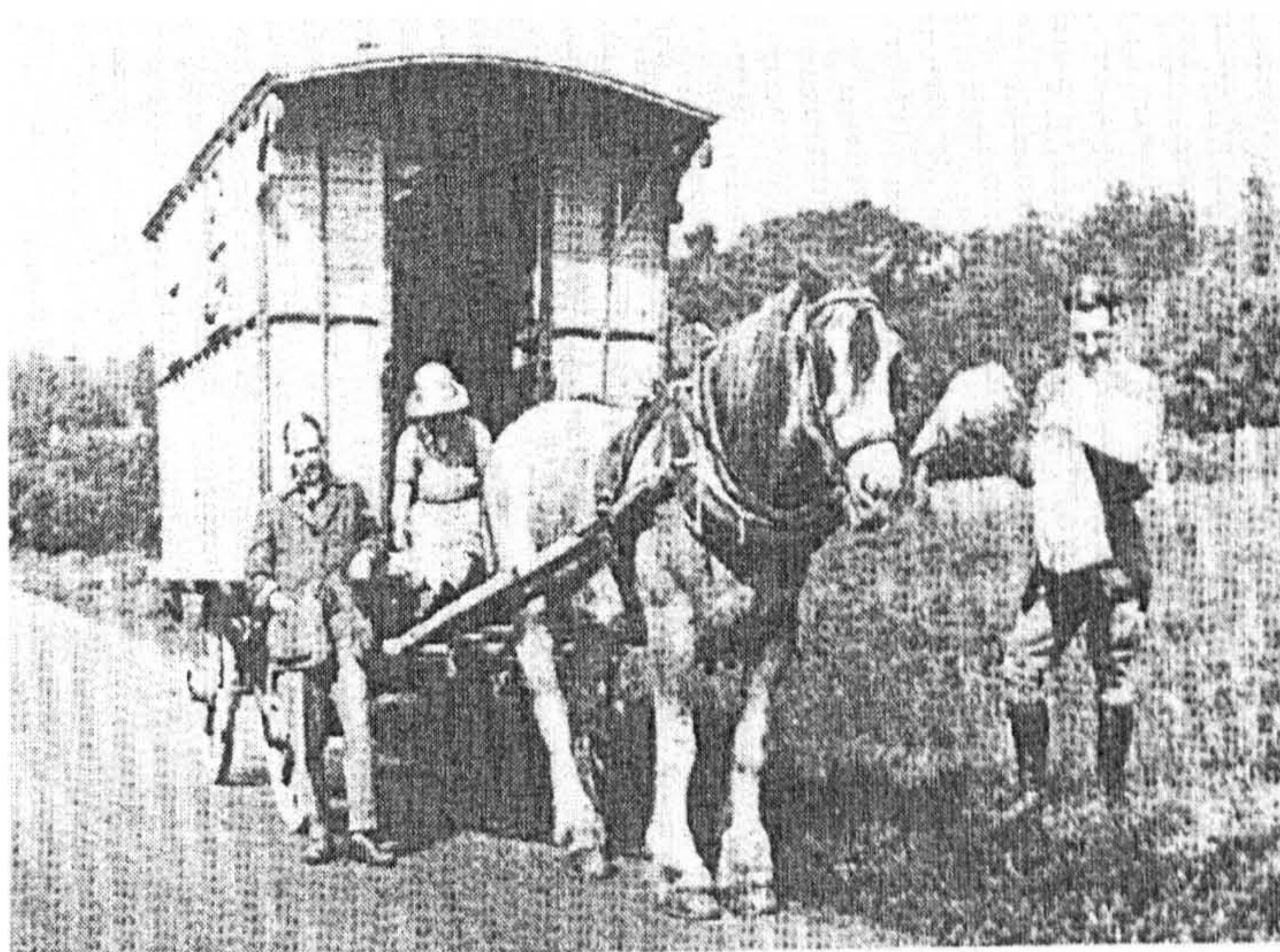
This was seen as morale boosting development for the troops and such was their importance that the King and Queen inspected them in the grounds of Buckingham Palace before they were sent over to Belgium.⁵⁴

However an idea that does not appear to have been adopted was one mooted by Mrs Bedford Fenwick, editor of the *'British Journal of Nursing'* and former Matron of St. Bartholomew Hospital in London. Decrying the lack of activity on the part of nurses to combat venereal disease, she revealed that, in the past, she had suggested that a travelling caravan be used to take an exhibition about venereal disease about the country with sessions delivered by trained health lecturers.⁵⁵ Although it does not appear to have been adopted, this would have been the only idea that had any resonance with the area of practice undertaken by the midwives on the Stopes' Caravan Clinic. However while there is evidence that individuals involved in the area of health and welfare had some experience of using caravans, the Church Army that Talbot referred to, founded by Wilson Carlile in 1892 to care for the spiritual welfare of individuals, were especially creative in their use. They began using their green and white caravans thirty-five years before the inception of the birth control caravan, to take the Christian message around the country. Unlike the other caravans, these served as a means of travel and a storeroom as well as lodgings for the missionaries. During the First World War, many of these caravans were withdrawn from service although women did continue to staff some of them and endured the same difficult conditions experienced by the male brethren. Other religious organisations, for example the Church of England Temperance Society, also utilised this method of spreading their beliefs.⁵⁶ However, the Church Army were the more prolific users and by the 1920s, they were using a fleet of

70 caravans. Based on the examples of the range of purchase price costs for each van which appears overleaf, this represented a significant monetary investment.⁵⁷

Although various organisations adopted caravans as a means of proselytising, the use of caravans as a leisure pursuit was still in its infancy and remained largely the province of “*gentleman gypsies*” with membership of the Caravan Club, founded in 1907 still under 100 in the 1920s.⁵⁸

Figure 5.1 Gentleman Gypsies at a roadside halt some time before the First World War.



Source: Pressnel J. *Touring Caravans*. Princes Risborough: Shire Publications Ltd.; 1991 p.2.

While individual manufacturers built a variety of vans, the first factory to produce caravans was not established until 1927. A basic nine-foot wooden caravan cost £218 in 1926 and more expensive models up to £500. By way of comparison in the same year, a two-seater Morris-Cowley car cost £162.10 shillings. Thus, for both the recreational and organisational users, this was an expensive pastime with some inherent

logistical problems. As the midwife-nurses were to discover, there were no formal sites and caravanners parked where they could find a convenient place.⁵⁹ Based on this evidence the use of caravans may appear neither particularly innovative nor ludicrous. However, within the birth control movement the use of a Caravan Clinic was an exceptional enterprise being as Leathard suggests the only *informal* setting for birth control provided by *any* of the voluntary birth control organisations. Thus, I would also reiterate that, as with their colleagues in the Mothers' Clinic in London, the midwife-nurses working in this setting were also unique both among their profession and within those nurses involved in birth control services.⁶⁰

Caravan design

The design of the Caravan Clinic was also the subject of prolonged debate. In his reply to Stopes, Talbot also directed her attention to a caravan which he had seen advertised in the *'Daltons Weekly'*. This was described as an unused wooden caravan, 12'6" in length and weighing 15cwt, a weight that could comfortably be pulled by a cob. On sale for £35, this new van was fitted with lockers, bunk, wardrobe, fireplace and steps but without any lavatory arrangements.⁶¹ He had duly inspected this on her behalf to assess its suitability for use as a clinic. His overall assessment was that although not luxurious it would be suitable "*for working class people or Gypsies, but no doubt a couple of gentlefolk could make themselves comfortable in it during the summer*".⁶²

However drawing on what appears to be his earlier experiences of working on a caravan he recommended that if it were operating only during the summer months the coal stove should be replaced with a primus stove and oven.⁶³ There were also extensive deliberations on the pros and cons of purchasing a new or second-hand van. One point

offered in support of the former option was that they could at least be sure that it would be *“free of vermin”*.⁶⁴ It appears that over a period of six months a total of 20 caravans, new, used, horse drawn and motorised were considered for purchase. The prices quoted ranged from £35 to £400. Drawing on his previous experience Talbot explained that transferring the caravan between pitches, including hiring a horse, was relatively cheap and easy to accomplish. Nonetheless it was still thought that, if funds allowed, using a *“swagger motor caravan”* would be more practical. This prompted Stopes to write to W.R.Morris, founder and owner of the motor manufacturing company, asking if he would build and donate a motor caravan for the CBC, a request politely declined by his confidential secretary, W.Hobbes.⁶⁵ Because of the amount of money involved, the less costly option of the horse-drawn caravan was adopted. As a further economy, a horse and man would be hired at the rate of one shilling per mile every time the caravan was moved between sites.⁶⁶

Within this early correspondence, the logistics of using a caravan are also implied and occasionally explored. One recommendation that was agreed with little dispute was that the midwife-nurses would not be sleeping in the Caravan Clinic. One rationale was that *“it would not be unlikely that the poor women would bring and leave behind them undesirable livestock”*.⁶⁷ Therefore, the Caravan was to be used simply as an office and clinic and it was intended that the midwife-nurses would lodge nearby either in accommodation provided by a network of supporters or in a hotel. However, there was another more worrying aspect that influenced this decision. Stopes was very concerned about the safety of the midwife-nurses while they were working on the van. At some point in her dealings with Talbot, she appears to have suggested that the midwife-nurse

would need to be able to "*fly the district at short notice*". Talbot dismissed this proposition, although he conceded that in a district that was predominantly Roman Catholic, it was possible that the Caravan might come under attack by arson, being pushed into a pond or overturned.⁶⁸ However while expressing the hope that before undertaking any such action, anyone involved would ensure that the Caravan Clinic was empty, he was nonetheless also aware of the very positive effect such hostility would generate by giving publicity to the presence of the Caravan. Later in this chapter it will become apparent that Talbot's statements were visionary.

Although by 1926 services were more widely available, the opposition to birth control and the clinics that supplied the advice had not diminished. Therefore the decision to use the Caravan only as a clinic was prudent. In addition, living on the Caravan Clinic would have involved the midwife-nurses in a test of endurance. There is limited information in the archival sources regarding the conditions experienced by the midwife-nurses working on the Caravans. However it is possible to obtain an impression of the nature of the environment they experienced by relating some of the descriptions of caravan life supplied by the aforementioned Church Army missionaries. While traversing the country, they both worked and lived on caravans throughout the year. They described winter on the van as a hardship. Even though the vans were easy to heat during the day, as the temperature dropped and the fire was extinguished at night, excessive moisture formed, causing the blankets to freeze and stick to the sides of the caravan. This was compounded by snow drifting through the roof ventilators and the icy winds penetrating the wooden sides of the van. While the midwife-nurses did not experience such extreme living conditions, nonetheless the Caravan Clinic did

encounter problems at times with rain penetrating the roof, causing damage to the books and clinical equipment and generally making working conditions more difficult.⁶⁹

Fundraising for the Caravan Clinic

In spite of limited opposition from those within the Stopes organisation, the idea was implemented and a fund established at the end of 1926. This was instigated to raise the £1,000 thought necessary to support the operation of the mobile clinic. There is an indication that although this was offered as a target it was probably an underestimate of the actual expenditure incurred.⁷⁰ It transpires that Stopes personally covered some of the ongoing costs of the Caravan including the salaries of the midwife-nurses, the cleaning of their rent-free accommodation and the printing of stationery.⁷¹ Nonetheless in order to raise the required funds a range of strategies were adopted. This consisted of approaches to individuals, meetings both private and public and appeals in the '*Birth Control News*'. While some names of possible benefactors were forthcoming at various meetings, Mrs Bootle the secretary at the Mothers' Clinic was also able to single out various individuals who she thought would be worth approaching to see if they would be willing to contribute to the fund. Among those cited, were the Duchess of Bedford (a qualified nurse and aviator), Lady Cowdry and Lady Marshall.⁷² Appeals for money that were directed to various other luminaries met with a mixed response. In view of the nature of the work, some of those approached were reluctant to be identified publicly as benefactors, opting instead for anonymity. The owner of Selfridges, the American Gordon Selfridge, donated one hundred guineas but because of the ongoing controversy surrounding the area, he asked that this be kept private. For the same reason he felt unable to become more closely involved with the movement and therefore

refused Stopes' invitation to become a Vice President of the CBC.⁷³ However he was the recipient of one of the picture postcards of the Caravan Clinic, originally produced by Nurse Thompson, which were sent as a thank you to benefactors.⁷⁴ An alternative method to cultivate support for the travelling clinic was via a series of private "*drawing room meetings*".⁷⁵ The first of these took place on January 20th at the home of Mrs Mather Thompson. Unfortunately, owing to the thick fog, the meeting was poorly attended and by the end of the evening, the fund for the Caravan stood at £350, which was still far short of the £1,000 estimated for the purchase, equipment, and operational costs.⁷⁶

Public meetings met with more success. The '*Birth Control News*' reported on a meeting held at Essex Hall in the Strand on 17th November 1926, during which an appeal for the motor touring clinic fund attracted a donation of £100 from Laura Henderson and a report of a promise for the same amount.⁷⁷ Notwithstanding her earlier concerns, a similar sum was received from Mrs C.Ostlere and £50 from the author J.H.Curle.⁷⁸ A record of the pledges and donations emanating from each meeting was published in the '*Birth Control News*'.⁷⁹ While fundraising was in progress the search for a suitable caravan had also continued. After considering and viewing a variety of caravans, one was eventually purchased from a Mr Whitehead, caravan builder of Peasmarch near Guildford. On the 26th June, in order that work could begin on fitting the interior and obtaining equipment, the Caravan Clinic was transported from the premises in Peasmarsh to London, a journey that took thirteen hours.⁸⁰

Working life in the Caravan Clinic

Here I propose to give some information on the interior layout and fittings of the Caravan. This amount of detail may appear superfluous, but I would argue that it serves to illustrate the environment within which the midwife-nurses delivered services to the women who came for their assistance and thus gives further insight into their everyday experiences. Work commenced to divide the interior into two rooms, one in which the women could prepare themselves and the other where the women would be examined, fitted and taught the appropriate method. Decoration and furnishing had been important in the original clinic in London as Stopes endeavoured to create an environment in which the women would feel comfortable. Correspondingly, she carefully supervised the painting and fitting out of the travelling clinic, paying attention to the décor and equipment of the Caravan Clinic with the aim that it should replicate the Mothers' Clinic as closely as possible.⁸¹ The inside was painted white with the lower panel left as bare wood. The beading around the windows and the top was painted in the same shade of blue as the Mothers' Clinic. Similarly, the outside of the Caravan was painted blue with the letters 'CBC' in white. Once painted the whole van was to be varnished and made weatherproof.

Stopes also relayed instructions regarding the interior fittings of the caravan. A bed and folding table would be available to be used in consultations. This was built to lie from side to side at the end of the caravan with the detachable tabletop, stained brown, available for use as necessary. A sketch of the proposed design of the table was included in the instructions to the caravan builder.⁸² The bed front also had cupboards for storage and the floor was covered in linoleum.⁸³ Literature and pamphlets were also

to be carried on the van to be sold to those accessing the clinic and at the public meetings.⁸⁴ What is absent from these accounts is any indication or evidence that the midwife-nurses who were already employed by Stopes or indeed those who were recruited to work on the Caravan, were consulted at any point about the design and layout. The lack of sanitary facilities meant that the midwife-nurses would have to fetch water from the nearest source and there is no detail on quite how they were expected to manage the toilet arrangements for themselves and their clients. Ideally women undergoing vaginal examinations and assessment prior to fitting of cervical caps would have required their bladders to be empty. It appears that while Stopes allowed the midwife-nurses to undertake many duties unsupervised, their opinion in other aspects of the management of the service was not sought. Stopes also described the Caravan as spacious. However while the actual measurements of the van are not included in the documents, it can be deduced that based on the sizes of the advertised caravans that were considered and the proposed design of the Caravan, working conditions in common with the Church Army vans, would have been very cramped. As will be shown later in the thesis, this later became a source of difficulty between two of the midwife-nurses.⁸⁵

Publicity and Networks

Once the Caravan was purchased, the focus of attention moved on to planning a route, publicity for the venture and recruiting staff. The first two issues are inter related and thus are explored in this section. Both aspects involved a range of tasks and reliance on a range of individuals from various organisations. While it was obviously essential to identify parking places, arrangements also had to be put in place to secure lodgings for

the midwife-nurses. As has been discussed previously, there was already a diverse network of activists campaigning for the provision of birth control and as will be demonstrated, several of these were to provide important support for the Caravan Clinic.⁸⁶ The political climate remained problematic as regards the provision of state funded birth control services and continued so during the first five years of the life of the caravan. In particular the Labour Party maintained its position that birth control should not be made a party political issue, and indeed reiterated this at successive National Conferences. In spite of this stance, support was forthcoming for birth control provision in general from some socialist groups.⁸⁷ However a dichotomy remained between those with sympathy for a eugenic ideal for birth control and those who supported birth control simply on the basis that it would improve the social conditions for men and women. Consequently, for the latter, birth control had the potential for inclusion as part of a radical socialist programme. Thus while the leaders of the Labour Party remained wary of birth control (and indeed had constantly opposed any move to include it in their manifesto for fear of alienating the working class male supporters), the Women's Section of the party saw this as a pivotal issue in the fight to free working class mothers and their children of the burden of poverty. The Independent Labour Party (ILP) also supported this stance as is evidenced by the fact that in the previous year they had passed a birth control resolution at their annual conference.⁸⁸ Thus both organisations were among those who offered logistical support to the Caravan Clinic, although it must be noted that there were some individual branches that were not as supportive.

The Women's Co-operative Guild had already been involved in the Mothers' Clinic in London, requesting lectures and visits from the midwife-nurses. They were now to play a key role in the work of the Caravan Clinic. However assistance for the Caravan was not forthcoming from The Workers Birth Control Group (WBCG). As previously outlined in the thesis, this organisation was formed by a group of feminist socialist women in 1924 subsequent to the rejection by the Minister of Health to appeals to change the Government ruling on access to birth control advice.⁸⁹ As such, it was the only single-issue campaigning organisation for birth control within the Labour movement.⁹⁰ However it also wished to distance itself from the middle class organisations that had links with eugenics. Marie Stopes' Society for Constructive Birth Control and Racial Progress came into this category.⁹¹ One of the strategies adopted by the WBCG, was to direct their campaign towards local authorities and in the years preceding the establishment of the Caravan Clinic they mobilised members across their branches to apply pressure on local government officials and thereby encourage them to challenge the Ministry of Health on its attitude towards birth control. Therefore, by adopting this strategy the WBCG possessed useful knowledge of the councils who were sympathetic to the cause. If this extra knowledge had been available to Stopes it could have made a significant contribution to the network of support required by the Caravan Clinic. Thus, these three main organisations, the WBCG, ILP and the Women's Co-operative Guild were all influential within the birth control movement; however it was the networks of local branches of the ILP and WCG, which were ideally placed to give logistical support to the new Caravan venture. To a lesser extent it appears that some but not all, branches of the women's section of the British Legion were also willing to sustain the activities of the Caravan Clinic.⁹² This non-party political organisation was

originally formed in 1921 under the name of the Women's Auxiliary Section. By January 1923 it had 126 branches with 6,500 members. During the period under study, membership continued to grow so at the end of 1930 there were 1,000 branches and 113,000 members thus providing another rich source of contacts for the travelling clinic.⁹³ May Edmunds had provided Stopes with a list of names and she now wrote to her identifying six London addresses and requesting further information on the best contacts.⁹⁴ Additionally she included an announcement that she was intending to send out to the organisations to elicit their support.

Free Caravan Birth Control Clinic

*In so many districts there are hundreds of poor women eager for personal help by a fully qualified midwife-nurses specially trained for this service and the expense and difficulty of founding local clinics has been too great for the various societies to undertake so that the idea of a Travelling Caravan fitted up as a clinic with nurses in attendance was started by the CBC. The money has now been subscribed and the equipped Caravan is ready to begin its rounds. It is hoped that it will bring direct help to the districts where it is most needed and although experience may modify our plan our present idea is that it should come to each district directly in touch with a Co-Operative Guild or Labour Women's Group or any organised body who can circulate by word of mouth, knowledge of its presence in the district. All we ask is a definite parking place such as a garden or the court yard of a meeting hall or a friendly garage where the Caravan itself may rest undisturbed for the week or fortnight which it stays in each district so that it will have a fixed address to which those in the district may come.*⁹⁵

Stopes however was again somewhat duplicitous, as having requested the information regarding the best women to contact and without waiting for a reply, she simultaneously wrote directly to the six women she had identified requesting their assistance on parking places for the Caravan.⁹⁶ Meanwhile in her response to Stopes, May Edmunds reasoned that as Londoners could already access advice, they would not be as appreciative of the Caravan service. Hence it would be more advantageous to send the Caravan to a mining village in South Wales. This was understandable as the Rhonda valley was an area with a high proportion of men whose only access to work had been via the coalmining

industry. Many of the miners had suffered years of unemployment with the families barely surviving on the dole.⁹⁷ It was thus an area of immense poverty. This fact was reiterated by Gwen Evans of the Rhondda Borough Labour party (Women's Section) when she wrote to Stopes in July 1926 requesting a visit from the travelling clinic. In her appeal to Stopes, she identified the dual problems of high unemployment among the miners and a birth rate of 22.1/1,000. This compared with the national average of 18.3/1,000.⁹⁸ This concurs with Gittens estimate of fertility arrived at by using a formula of the fewer women at work, the earlier their age at marriage and consequently a higher rate of fertility. The women of South Wales also had a higher than average maternal mortality rate a fact which found resonance in the oft quoted statement by Dora Russell that childbirth was more dangerous than mining.⁹⁹

Further publicity for the Caravan Clinic appeared in the '*Birth Control News*' and national newspapers. These generated a good response from a range of people and organisations that wrote to Stopes expressing an interest in having the Caravan in their area and offering parking places. In the first few months, offers of hospitality for the midwife-nurses staffing the Caravan Clinic were received from a variety of areas: for example Bristol, County Durham, Liverpool and Darlington as well as proposals for sites from Portsmouth Trade Council.¹⁰⁰ Confirmation was also received that members of the W.C.G in Walthamstow and East Ham were keen to have the clinic and were able to provide parking spaces in the Labour Party Hall. It was also apparent that other Guild members throughout the country were in the process of being consulted.¹⁰¹ Notices were also produced which the midwife-nurses would use to publicise the Caravan Clinic locally. A blue card headed "*To Mothers Needing Advice*" (undated) supplied

information about the opening times (10 a.m to 6 p.m every day except weekends), venue, the service provided and that the advice was free. The address and telephone number of the Mothers' Clinic was also included.¹⁰²

Although the route for the first Caravan had been subject to some discussion, it was not sent to Wales but instead travelled to Bethnal Green in the East End of London probably on the 6th or 7th of July. Stopes recalled that the local council had been very helpful by offering a space on municipal land next to the Bethnal Green library.¹⁰³ This was in a quiet but central location in Cambridge Road.¹⁰⁴ In the interim Mrs Guy was in the process of organising the first trip that would take the van on a route via Reading where a meeting would greet its arrival. Meanwhile recruitment of staff for the Caravan began in earnest.¹⁰⁵

Staffing the Caravan

To recap, the Mothers' Clinic had been open for a little over 6 years with training for the CBC Certificate available to the staff since 1923 and to external candidates from 1925. In contrast to the midwife-nurses in the base clinic, those working on the Caravan Clinic would be living away from their home and families and would not have the routine access to the visiting consultant. They would probably be lodging with local supporters who would for the most part be unknown to them. Alternatively, they would be required to stay in hotels or boarding houses, seen as problematic by Nurse Jones as a hotel or even a restaurant would "*devour the 3 guineas*" which she was to be paid.¹⁰⁶ From this it can also be deduced that the salary had not significantly increased, as this was the amount received by first midwife-nurse, Nurse Hebbes, employed in 1921.

The only difference being that a small supplement of ten shillings was now paid once the midwife-nurse had successfully completed the training and been awarded the CBC certificate. There is also some indication that those working on the Caravan would receive a similar supplement when travelling with the clinic.¹⁰⁷ However Stopes reasoned that in reality the actual value of the salary should be seen as greater as it would be offset by the hospitality which the midwife-nurses would receive. Overall the selection of suitable staff was imperative to the success of the venture.

For clarity, as previously outlined in chapter four, when discussing the midwife-nurses I shall class those recruited to work at the clinic from 1921-1926 as the first cohort and those employed from 1927-1931 to work on the Caravan Clinic as the second cohort. The names of eight midwives who were connected with the travelling clinic were identified from the archival sources. Stopes already employed one and the other seven were considered for employment. Of these one was not deemed suitable, one was engaged but resigned before undertaking any work and the remaining five were recruited. As with the main Mothers' Clinic, although the amount of detail in the sources varies, using the available documentary evidence plus registers and census materials, it is possible to identify some aspects of the personal and career backgrounds of this second cohort of midwife nurses. Furthermore examining the first and second cohorts of midwife-nurses it is possible to compare and contrast elements of their previous clinical experience and type of employment. One clear distinction between the two groups was that in the intervening years ten further birth control clinics had been established. It was therefore feasible that unlike their earlier counterparts, the later recruits could have already obtained practical experience and knowledge on birth

control. This indeed proved to be the case for two of the prospective midwife-nurses, Nurse Furness and Nurse Fowles.

Moreover, because of the distances involved, their contact with Stopes was continued largely by the weekly reports they were required to provide, rather than the direct contact experienced by the staff in the base clinic. The relationships between Stopes and her employees on the Caravan Clinic will be covered in more detail in chapter six but suffice to say it would appear that they enjoyed a more relaxed working environment in terms of the “*Stopes effect*” experienced by their counterparts in the Mothers’ Clinic.

Figure 5.2 Photograph of the Caravan Clinic and one of the midwife-nurses circa 1928



Source: Wellcome Library CMAC London.

Nurse Thompson was already employed in the main clinic as the head midwife-nurse. Reference has previously been made to her background and experience in the preceding chapter. In this instance as arguably one of, if not the most, experienced birth control nurse in the country, she took charge of the Caravan in the first months of its operation during which time the new staff were engaged, and trained expressly for the work. Those specifically considered although not necessarily employed for Caravan work, all of them midwives registered with the CMB, were Jane Furness, Naomi Jones, Marion Cook, Ellen Williams, Ada Shears, Charlotte Fowles and Emily Birkett. The amount of information for each of these varies, and in some case it has not been possible to trace the missing information for all the individuals. Nevertheless I will discuss each of these in turn starting with those who were not employed or only had a brief career on the travelling clinic.

Applications to work in the Caravan Clinic

Mystery surrounds the application for employment of Nurse Furness in the form of some adverse statements made about her that eventually precluded her appointment. Furness had applied to train in the clinic in November 1925, a request that was granted. She had a lot of experience in birth control having worked at both the Plashet Lane and Anselm Road clinics, both of which she had found to be unsatisfactory. Her aim was to open her own clinic in Bedford with the support of her sister, a practising midwife. In a somewhat surprising move, Stopes waived the fee for her training on the premise that she might be able to employ her in the future. This offer was accepted by Furness and she commenced her training that month, completing it in December by taking the examination at home. Although the planned birth control clinic came to fruition it was

not a success and when the post on the Caravan Clinic became available in May 1927, Stopes wrote to E.W. Lambert asking for advice about Nurse Furness. Stopes was considering offering employment to this midwife-nurse on the grounds that she was married and moreover experienced in birth control work having trained at the Mothers' Clinic in preparation to open her own, now defunct, birth control clinic. It can be surmised that there was some concern surrounding her suitability as an employee, an unease that was highlighted by the secretary at the Mothers' Clinic through her contacts with Lamberts. Initially the explanation submitted was that Nurse Furness was living apart from her husband, a rationale that not surprisingly, given her own personal history, failed to impress Stopes who immediately requested further details. It then emerged that Furness had been employed at the Plashet Road Clinic but had been discharged being deemed neither truthful nor trustworthy. Indeed it was stated *"honesty not one of her strong points"* and further that she was *"far from being abstemious while on duty"*.¹⁰⁸ This particular clinic, established by Rose Witcop, appears to have had a very poor reputation among the working class mothers and later the Caravan Clinic was to have problems simply by association, perhaps thus demonstrating the fragility of the reputation of the Caravan Clinic.

Stopes chose not to employ Furness and in her stead another candidate, Naomi Jones was offered the appointment in May to start work the following month. I have previously referred to Naomi Jones in relation to the link with the birth control clinic in Abertillery and District Hospital, identifying that she moved to a post in a private nursing home when the clinic closed. Thus she was not only experienced in working with poor women but had previously undertaken the CBC training. In common with

some of the other midwife-nurses, Naomi Jones was still single; the publicity for the Caravan Clinic continued to profess that the midwife-nurses were all married women. Therefore it seems somewhat deceitful that four months later her single status was identified as a possible cause for the poor attendance figures at the travelling clinic. Nonetheless after a somewhat fleeting career on the Caravan, she was recalled to the main Mothers' Clinic in London.¹⁰⁹

Emily Ethel Birkett

Emily Birkett's career as a birth control nurse was also brief. Although explicitly recruited for work on the Caravan she resigned as soon as she knew that she would be on duty in the Welsh based Caravan.¹¹⁰ Her resignation triggered a letter of rebuke which accused her of taking the money and training from the clinic without returning any service.¹¹¹ The remaining four midwife-nurses, details of whom appear below, together with the experienced Nurse Thompson, thus became the core staff for the travelling clinics.

Marion Cook

Marion Cook applied to work on the travelling clinic in 1927.¹¹² She had passed her CMB in 1910 and described herself as married with a daughter who now lived independently. Little else is known about her and it has not proved possible to trace her in the census or birth and marriages indexes.

Ellen Williams

Ellen Williams aged 32 and a mother of a seven year old child, was a recently qualified midwife registered with the CMB in 1927, working as a District Midwife in Derbyshire. While interested in birth control she confessed that she did not know very much about the subject. She was interviewed on 26th April 1928 when it was noted that she was “*rather nice*”, had worked among the poor women on the District and was experienced in fitting ring pessaries, the significance being that she would be able to transfer this skill to contraceptive caps.¹¹³ She was offered a provisional appointment at the London Mothers’ Clinic, conditional on successfully completing the theory and practice of the CBC training. On 11th June she duly sat the examination paper having been instructed to complete it at home without looking at any books.¹¹⁴ There is little else known about her it having proved impossible to trace her in the census.

Figure 5.3 Marie Stopes with four of the midwife-nurses circa 1920s.



Source: Rose J. *Marie Stopes and the sexual revolution*. London: faber and faber; 1993.

Ada Shears

Unfortunately there is also a paucity of information about Ada Shears but she had sent a report to Stopes in January 1929 describing the Welfare Centre in Oxford. In this she expressed her admiration for the work with women and children, highlighting that she regarded Stopes approach as offering freedom. After this correspondence it seems she was engaged by Stopes. On successful completion of the CBC training and examination she started work on the Southern based Caravan in February 1929.¹¹⁵

Charlotte O.B. Fowles

There is much more information on Nurse Charlotte O.B.Fowles. She applied for a post on 16th Feb 1929 having seen the advertisement in the '*Nursing Mirror*' for a worker in a clinic. She described herself as a widow with a son born posthumously. She had trained as a midwife at the Rotunda Hospital in 1893 and had registered with the CMB in 1908. In the interim she had worked in a private nursing institution and in Charing Cross hospital.¹¹⁶ She was described as being well known as a welfare nurse, a claim that was justified by her ongoing interest in the field. She established that she had given a paper on her antenatal work at a conference on Infant Mortality convened by the National Association for the Preservation of Infant Mortality and the Welfare of Infancy, in Caxton Hall Westminster in August 1913. She had also lectured for the National Association of Maternal and Child Welfare.¹¹⁷ Further evidence of her experience and credentials in this area of work were substantiated by her employment from 1909-1922 in the Birmingham Settlement. This Settlement was established by the National Union of Women Workers in 1899 in Summer Lane within the St. Mary's Ward of Birmingham. The founding members were particularly concerned with the conditions experienced by the women and children in this poor area and a desire to

understand the circumstances in which they existed. The Settlement provided a range of services including, Happy Evenings, during which older children were taught to play and a day nursery for infants. In response to the national concern with the high infant and maternal mortality rates a Mothers Guild, otherwise known as the School for Mothers was established in 1909. Almost immediately this became the infant welfare clinic that attracted support from local doctors.¹¹⁸ Nurse Fowles was employed in the Settlement from 1909 to 1922 where she held various posts. She was Superintendent of the Mothers Guild, a post which by 1913 had developed into one which included visiting the 600 babies born that year as well as serving as a member of the Medical Care and Visitation Committee. During the First World War many of the usual employees were engaged in war work thus increasing her responsibilities in the Settlement. As well as working with newborn infants, she also provided a service for pre-school children which included home visiting and clinics, the latter attracting 70-80 children at each session.¹¹⁹

She returned to private nursing in 1922 when the settlement had been unable to raise the funds to meet the cost of the maternity and child welfare work. More importantly she came to the clinic experienced in birth control methods having also worked at the Birmingham Centre which commenced service as a birth control clinic in April 1927.¹²⁰ Evidently she was familiar with the Rhonda Valley and thus was ideally placed to undertake the appointment she was offered on the Caravan as it went on its "*Birth Control Mission*".¹²¹ Once in post, and drawing on her previous experience she rapidly assumed the role of the lead speaker at the public meetings that heralded the arrival of the Caravan. At times this entailed addressing several hundred people. Further details

appear in chapter six in the section on meetings. Thus these four new midwife-nurses, Cook, Williams, Shears and Fowles, drawn from a variety of backgrounds were to be the mainstay of both Caravan Clinics during their first five years, 1927-1931.

Conclusion

The Stopes' Mothers' Clinic contributed to the small expansion of birth control services in the voluntary sector during this period although the Government remained resolute in its stance against the provision of any public sector provision until 1930. Nonetheless the way in which the Mothers' Clinic expanded was not along the conservative lines of opening other clinics in central locations, although this was to come later. Lamberts as a commercial organisation probably did not need to employ a fully trained CBC midwife-nurse but as the provider of many of the contraceptive supplies to the Mothers' Clinic it was no doubt expedient so to do. The early establishment and failure of the clinic in Abertillery does serve to illustrate the novelty of providing such a service and the resistance inherent in attempting to do so. While I have indicated that the use of caravans was itself not a new phenomenon, the use of a caravan as a birth control clinic was innovative. It matters less who actually thought of the idea than the fact that this was to take birth control information out to the women; in turn this presented new challenges to the midwife-nurses. Although I have provided a lot of detail concerning the fabric of the Caravan and the logistical issues involved in providing the service, this does give some insight into the working conditions endured by the midwife-nurses. The following chapter now shifts the focus onto the working lives of the midwife-nurses and the staff identified in this and the preceding chapters.

Table 5.3 Details of the second cohort of midwife-nurses employed at the Mothers Clinic 1927-1931

Surname	First name	Birth year	Occupation of father	Social Class	Marital Status	Registered CMB date/number	Date of employment	Years qualified prior to employment	Age	Children
Fowles	Charlotte	Circa 1866	unknown	unknown	widow	1908 27734	1929	21	63	yes
Cook	Marion	unknown	unknown	unknown	married	1910 30548	1927	17	unknown	yes
Williams	Ellen	Circa 1896	unknown	unknown	widow	1927 71337	1928	1	32	yes
Shears	Ada	Circa 1876	unknown	unknown	Unknown	unknown	1929	unknown	53	unknown
Birkett	Emily Ethel	1892	unknown	unknown	Married (Second marriage)	1921 53098	1929	8	37	yes

-
- 1 Leathard A. *The fight for family planning*. London: The Macmillan Press; 1980.
 - 2 Hall R. *Marie Stopes: a biography*. London: André Deutsch; 1977 pp.265-266.
 - 3 Rose J. *Marie Stopes and the sexual revolution*. London: faber and faber; 1993 p.183; Rose suggests that the idea took two years to come to fruition, that it was a motor caravan rather than a horse drawn and that women would not attend for fear of being ridiculed.
 - 4 CMAC: PP/MCS/C12 Draft of a notice to be sent to the *British Medical Journal* and the *Lancet* undated but circa 1923.
 - 5 CMAC: PP/MCS/C12 Description of new clinic at Whitfield Street 1925.
 - 6 CMAC: PP/MCS/C12 Letter from Marie C. Stopes to Victor Roberts 7th May 1925.
 - 7 CMAC: PP/MCS /C12 Letter from E.W. Lambert and Sons Ltd to Nurse Maud Hebbes 27th July 1927. This is just one of many examples of the communication between the company and the midwife-nurse in the clinic.
 - 8 CMAC: PP/MCS/C12 Deed of Covenant between Lamberts (Dalston) Limited and Dr. Marie C. Stopes 30th July 1925.
 - 9 CMAC: PP/MCS/C12 Deed of Covenant between Lamberts (Dalston) Limited and Dr. Marie C. Stopes 30th July 1925.
 - 10 CMAC: PP/MCS/C5 Letters from Dr. Marie C. Stopes to M.N Hargreaves and A.M. Wallingford 14th July 1925. Nurse Scannell applied to work in a clinic in Wales but was not successful. She was recommended to Lamberts in July of the same year and accepted the post; CMAC: PP/MCS/C5 Letter from Marie C. Stopes to Lilian Scannell and E.G. Davies 14th July 1925; '*John Bull*' was a weekly publication with a circulation of one million.
 - 11 Birth Index 1894 June Quarter Bristol 18 6a; 1881 Census Class: RG 11; Piece: 2470; Folio: 107:p14; 1901 Census Class RG 13; Piece: 2374; Folio: 7:p. 5.
 - 12 CMAC: PP/MCS/C5 Letter from G.A. Roberts to Dr. M. C. Stopes 7th August 1925.
 - 13 CMAC: PP/MCS/C6 Letter from Lilian Scannell to Dr. M. C. Stopes 22nd September 1925.
 - 14 CMAC: PP/MCS/C6 Letter from Dr. M. C. Stopes to Lilian Scannell 23rd September 1925.
 - 15 CMAC: PP/MCS/C6 Letter from Dr. M. C. Stopes to Lilian Scannell 16th December 1925.

16 <http://www.findmypast.com/passengerList> accessed 30th August 2007. In the passenger list she is describes her as a nurse. She was one of 520 passengers on this Cunard ship.

17 CMAC: PP/MCS/C5 Letter from Stopes secretary (unsigned) to Maude Hargreaves 14th July 1925; CMAC: PP/MCS /C5 Letter from Dr. Marie C.Stopes to Nurse Thompson 24th October 1925.

18 CMAC: PP/MCS /C5 Letter from Dr. Marie C.Stopes to E.W.Lambert 12th December 1925.

19 1901 Census Class: RG13; Piece: 2585; Folio: 144:p16.

20 CMAC: PP/MCS /C6 Letter from Dr. Marie C. Stopes to E.G. Davies 14th July 1925.

21 CMAC: PP/MCS /C6 Letter from E.G. Davies to Dr. Marie C. Stopes 4th June 1927.

22 CMAC: PP/MCS/C15 Letter from Victor Roberts to Dr. Marie C. Stopes 7th December 1924

23 <http://www.abertillery.net/museum/newsletters/may07.pdf> accessed 11th September 2007

24 *Birth Control News*. January 1923 (9) p.2

25 CMAC: PP/MCS/ C15 Letter from Dr. Marie C. Stopes to Victor Roberts 12th December 1924.

26 CMAC: PP/MCS/C15 Letter from Marie C. Stopes to Victor Roberts 12th February 1925.

27 CMAC PP/MCS /C15 Draft of advertisement for the *Nursing Mirror* and *Nursing Times* February 1924.

28 Birth Index 1884 Dec Quarter Kidderminster Vol 6c p.275.

29 1891 census RG12; Piece: 2252; Folio 72; p.48; 1901 census Class: RG13; Piece: 2699; Folio: 78; Page: 16.

30 PRO CMB Roll of Midwives DV7/20 1922; PRO CMB Roll of Midwives DV7/30 1931; PRO CMB Roll of Midwives DV7/35 1935; PRO CMB Roll of Midwives DV7/37.1937

31 CMAC: PP/MCS /C16 Letter from Dr. Marie C. Stopes to Victor Roberts 9th April 1925.

-
- 32 CMAC: PP/MCS/C15 Letter from Dr. Marie C. Stopes to Victor Roberts 12th May 1925.
- 33 CMAC: PP/MCS /C16 Letter from Naomi Jones to Dr. Marie C. Stopes 23rd February 1926.
- 34 CMAC: PP/MCS /C16 Letter from Naomi Jones to Marie.C. Stopes 14th September 1926; CMAC: PP/MCS/C21 Letters between Dr. Marie C.Stopes and Nurse Naomi Jones dated 18th and 19th May; 4th, 7th, 8th, 12th, 16th and 22nd June.
- 35 Harrison B. Women and Health. In: Purvis J (ed). *Women's History: Britain 1850-1945. An Introduction*. London: Routledge; 1995 pp.157-192.
- 36 Stopes M.C. *Contraception-its' theory history and practice*. 5th edition. London: Putnam; 1941 p. 407.
- 37 Stopes M.C. 1941 p 407.
- 38 *Birth Control News*. February 1927 p.1.
- 39 BL Add Mss 58621 Letter from to Mr Bertram Talbot 20th December 1926.
- 40 *Birth Control News* December 1926 p.2.
- 41 *Birth Control News*. February 1927 p.1; BL Add Mss 58621 Letter from C.Ostlere to Dr. Marie C. Stopes 22nd December 1926.
- 42 Spring Rice M. *Working-Class Wives: Their Health and Conditions*. London: Virago; 1981 p.38-39 (First published in 1939 by Harmondsworth: Pelican)
- 43 Spring Rice M. 1981 p.45.
- 44 Stopes M.C.1941.
- 45 BL Add Mss 58621 Letter to Bertram Talbot from Dr. Marie C.Stopes 20th December 1926.
- 46 BL ADD 58621 Letter to Dr. Marie C.Stopes from Bertram Talbot 22nd December 1926.
- 47 Talbot was born in 1873.He applied for the post as personal assistant in June 1926. His previous employment was predominantly in clerical posts but he also identified that he had travelled the country as a lay preacher with the Church Army.
- 48 British Journal of Nursing.Editorial.The National Health. *British Journal of Nursing*. August 27th 1910: XLV (1,169); p.161.

49 British Journal of Nursing. Women's Imperial Health Association. *British Journal of Nursing*. Oct 1st 1910: XLV (1,174); p.268; British Journal of Nursing. The Florence Nightingale Caravan. *British Journal of Nursing*. Oct 8th 1910: XLV (1,175); pp.288-289.

50 British Journal of Nursing. Caravan Lectures. *British Journal of Nursing*. June 9th 1912: XLVIII (1,265); p. 511.

51 British Journal of Nursing. Outside the gates. *British Journal of Nursing*. July 8th 1911: XLVII (1,214); p.36.

52 British Journal of Nursing Editorial. *British Journal of Nursing*. August 27th 1910: XLV (1,169); p.161.

53 British Journal of Nursing. Nursing Echoes. *British Journal of Nursing*. Oct 4th 1913: LI (1,331); p.273.

54 British Journal of Nursing Bath Caravans in Belgium. *British Journal of Nursing* April 29th 1916: LVI (1,465); p. 374.

55 Bedford Fenwick E. Nursing Echoes. *British Journal of Nursing* September 8th 1917: LVII (1,565); p.155.

56 Reffold A.E. *Wilson Carlile and the Church Army* 5th edition. Cowley Oxford: Church Army Press; 1956 pp.160-164.

57 Reffold A.E. 1956.

58 Pressnel J. *Touring Caravans*. Princes Risborough: Shire Publications Ltd.; 1991 p.2. [http:// www.caravanclub.co.uk/News+events/The+Centenary/History of the Club](http://www.caravanclub.co.uk/News+events/The+Centenary/History+of+the+Club) accessed 02/01/2007

59 Pressnell J. 1991.

60 Leathard A. 1980 p.17.

61 The caravan was advertised for sale by Bowman's Florist of King Street Deptford in the '*Daltons Weekly House and Apartment Advertiser*' on the 6th November 1926.

62 BL Add Mss 58621 Letter from Bertram Talbot to Dr. Marie C. Stopes 22nd December 1926.

63 BL Add Mss 58621 Letter from Bertram Talbot to Dr. Marie C. Stopes 22nd December 1926; Talbot referred to his experience on a caravan and recalled that he lived in a caravan in 1908 "*from which heresy was preached*".

64 BL Add Mss 58621 Letter from Bertram Talbot to Dr. Marie C Stopes 22nd December 1926.

65 CMAC: PP/MCS /C20 Letter from W.Hobbs confidential secretary to W.R.Morris to Dr. Marie C.Stopes 14th January 1927.

66 BL Add Mss 58621 Letter from Bertram Talbot to Dr. Marie C Stopes 22nd December 1926.

67 BL Add Mss 58621 Letter from Bertram Talbot to Dr. Marie C Stopes 22nd December 1926.

68 BL Add Mss 58621 Letter from Dr. Marie C Stopes to Bertram Talbot to 22nd December 1926.

69 Reffold A.E. 1956 p.164; Add Mss 58621 Letter from Nurse Naomi Jones to Dr. Marie C.Stopes 26th August 1927.

70 *Birth Control News*. February 1927 p.2.

71 BL Add Mss 58589 Agendas and minutes 7th May 1931.

72 CMAC: PP/MCS/C8 Letter to Dr. Marie C.Stopes from Mrs Bootle 31st December 1926; Curtis L. *Winged Odyssey.The flying career of Mary du Caurroy Duchess of Bedford*. Surrey: Air Research Publications; 1993.

73 CMAC: PP/MCS /C20 Letter from Selfridges and Co to Dr. Marie C. Stopes 24th February 1927.

74 CMAC:PP/MCS /C20 Letter from Dr. Marie C. Stopes to Gordon Selfridge 6th March 1927; CMAC: PP/MCS/ C21 Letter from Dr. Marie C.Stopes to Nurse Thompson 27th February 1927.

75 BL Add Mss 58589 Agenda and Minutes of the CBC Executive Committee 15th December 1926.

76 *Birth Control News*. February 1927 p.2.

77 *Birth Control News*. December 1926 p.2.

78 BL Add Mss 58621 Letter from C.Ostlere to Dr. Marie C. Stopes 22nd December 1926; *Birth Control News*. July 1927 p.2; J.H.Curle was the author of "*Today and Tomorrow; the testing period of the White Race*", published in 1926. The book dealt with social problems, race relations, and eugenics.

79 *Birth Control News*. May 1927 p.2-3.

80 CMAC: PP/MCS/C19 Letter from William Whitehead to Dr. Marie C. Stopes 27th June 1927.

81 Stopes M.C 1941 p. 408.

82 BL Add Mss 58621 Letter from Dr. Marie C. Stopes to William Whitehead to 13th May 1927.

83 PP /MCS/ C19 Letter from Mr Whitehead to Dr. Marie C.Stopes 21st June 1927.

84 *Birth Control News*. January 1928 p.3.

85 One of the caravans considered for purchase was 12 feet six inches in length ; BL Add Mss 58621 Letter from Nurse Shears to Mrs Bootle 2nd December 1929.

86 Including the Malthusian League, Women's Co-Operative Guild, National Union of Societies for Equal Citizenship, the Independent Labour Party and the Women's National Liberal Federation.

87 Soloway R.A. *Birth Control and the Population Question in England, 1877-1930*. Chapel Hill: University of North Carolina Press; 1982 p.289.

88 Graves P.M. *Labour Women.Women in British Working-Class Politics 1918-1939*. Cambridge: Cambridge University Press; 1994.

89 BL Add Mss 58621 Letter from Gordon Rees ILP Neath Branch to Dr. Marie C.Stopes 11th June 1929.

90 Simms M. Parliament and birth control in the 1920s. *Journal of the Royal College of General Practitioners*.1978 28th February; pp.83-87.

91 Graves P.M. 1994.

92 BL Add Mss 58621 Letter from Nurse Fowles to Dr. Marie C. Stopes 3rd February 1931.

93 Wootton G. *The official history of the British Legion*. London: MacDonald and Evans; 1956.

94 BL Add Mss 58621 Letter from May Edmunds to Dr. Marie C. Stopes 24th June 1927;These initial addressees were Mrs Pickering in Bow;Mrs Coney in Stratford; Mrs Walsh in Newtown;Mrs Christy in Walthamstow;Mrs Goodman of West Ham and Mrs Burr of Plaistow.

95 BL Add Mss 58621 Constructive Birth Control. Copy of proposed notice sent to M.Edmunds for approval

96 CMAC:PP/MCS / C20 Letters from Dr. Marie C. Stopes to Mrs Pickering in Bow, Mrs Walsh in Newtown, Mrs Goodman of West Ham 24th June 1927.

97 Gittens D. Women's work and family size between the wars. *Oral History. Women's History Issue*. 1977:5 (2); pp 84-100.

98 BL Add Mss 58621 Letter from Gwen Evans to Dr. Marie C. Stopes July 26th 1927.

99 Thompson F.M.L. *The rise of respectable society*. London: Fontana; 1988; Gittins D. Fair Sex: Family size and structure, 1900-39. London: Hutchinson Education; 1982; McLaren A. *Birth control in nineteenth century England*. London: Croom Helm; 1978; D'Cruze S. Women and the family. In Purvis J (ed). *Women's History: Britain 1850-1945. An Introduction*. London: Routledge; 1995 pp.51-83.

100 BL Add Mss 58621 Letter from Mrs Clutworthy to Marie C. Stopes 11th July 1927; Letter from G. Short president of the Co-Operative Guild to Marie C. Stopes 7th July 1927; Letter from Miss Eaton to Dr. Marie C. Stopes 15th July 1927; Letter from A.R. Richards Secretary of the Portsmouth Trades Council to Dr. Marie C. Stopes 19th July 1927; Letter from W. Pennam to Dr. Marie C. Stopes 20th July 1927; Letter from Mrs Dobson to Dr. Marie C. Stopes 20th July 1927.

101 BL Add Mss 58621 Letter from May Edmunds to Dr. Marie C. Stopes 3rd July 1927.

102 BL Add Mss 58621 'To Mothers Needing Advice' Blue Card. (undated).

103 Stopes M.C. 1941 pp.407-448.

104 *Birth Control News*. January 1928 p. 2.

105 *Birth Control News*. January 1928 p. 2.

106 CMAC: PP /MCS /C21 Letter from Nurse Jones to Dr. Marie C. Stopes 8th June 1927.

107 BL Add Mss 58621 Letter from Marion Cook to Dr. Marie C. Stopes 13th May 1927.

108 CMAC: PP/MCS/C21 Letter from Mr Watkins to Marie C. Stopes 10th May 1927.

109 CMAC: PP/MCS/C21 Letter from Secretary to Mr H.V Roe to Naomi Jones 25th October 1927.

110 BL Add Mss 58621 Letter from Nurse Gertrude M. Thompson to Marie C. Stopes 10th April 1929.

111 CMAC: PP/MCS/C4 Letter from the Honorary Secretary of the CBC to Nurse Emily Birkett 10th April 1929.

112 BL Add Mss 58621 Letter from Nurse Marion Cook to Marie C. Stopes 12th June 1927. In letters between herself and Mrs Bootle Nurse Ellen Williams usually signed as "*Billie*".

113 CMAC: PP/MCS /C21 Undated unsigned note referring to an interview with Nurse Williams on 25th April 1928.

114 CMAC: PP/MCS /C21 Letter from Mr. Bagge to Nurse Williams 11th June 1928.

115 BL Add Mss 58621 Letter from Ada P. Shears to Dr. Marie C. Stopes 30th January 1929; Letter from Marie C. Stopes to Ada P. Shears 8th February 1929; CMAC: PP/MCS /C21 Examination paper and answers for Ada P. Shears 4th February 1927.

116 BL Add Mss 58621 Letter from Charlotte Fowles to Dr. Marie C. Stopes 16th February 1929.

117 The Infant Mortality Conference in August 1913 passed resolutions on the better training for midwives, registration of stillbirths, improvement in medical death certificates, to place Infant hygiene more prominently in the medical curriculum and the call for an enquiry into VD. See: British Journal of Nursing. Conference Report. *British Journal of Nursing Supplement* August 16th 1913: LI (1324); p. 144.

118 Rimmer J. *Troubles Shared. The story of a Settlement 1899-1979*. Birmingham: Phlogiston Publishing Ltd; 1980; Newbury J. *The story of the Birmingham Settlement*. Originally appeared in Rotaria 1962; Joyce Rimmer refers to a Nurse Fowler as the Superintendent of the School for Mothers. This in fact was an error. The records clearly show that a *Miss Fowler* ran the singing club while *Nurse Fowles* was the Superintendent of the Mothers Guild.

119 Birmingham Central Reference Library. Local Studies Department. Birmingham Women's Settlement Summer Lane Annual Report 1909; Birmingham Women's Settlement Summer Lane Annual Report 1911; Birmingham Women's Settlement Summer Lane Annual Report 1912; Birmingham Women's Settlement Summer Lane Annual Report 1915; Birmingham Women's Settlement Summer Lane Annual Report 1916; Birmingham Women's Settlement Summer Lane Annual Report 1917.

120 BL Add Mss 58621 Letter of application from Charlotte O.B. Folwes to Marie C. Stopes 16th February 1929.

121 *Birth Control News*. May 1929 p.26.

Chapter Six: Life and work in the Mothers' and Caravan Clinics

1921-1931

Introduction

The previous chapters explored the mainly logistical factors inherent in the development of the Mothers' and Caravan Clinics including the recruitment and the backgrounds of the staff. While other histories have addressed the advance of the Stopes' clinics, little has been documented regarding the contributions made by the midwife-nurses.¹

Disappointingly, none of the texts gives any real indication of either the type or amount of work undertaken by those who staffed the service. The letters and reports exchanged between the midwife-nurses and Stopes are a rich source of data which provide an insight and an appreciation into the working conditions tolerated by the staff, the development of their role and the experience of the women who attended the clinics. Hence this chapter continues to address all four of the research questions previously identified in the introduction, albeit with a greater emphasis on the part played by the midwife-nurses in establishing the service and the way in which their role in the clinic evolved.²

Thus while chapters four and five provided the background to the development of the service, this chapter and chapter seven continues the narrative by focusing on the distinct aspects of the clinic and the work undertaken by the midwife-nurses. Many of the activities which are discussed centred on what would be expected of a health professional working within a clinic setting. However, the documentary evidence revealed other activities undertaken by the midwife-nurses which were unexpected and which I suggest arose as a direct consequence of Stopes' complex personality and

unpredictable behaviour. Thus while the “*normal*” activities are incorporated into this chapter, those which encompass what I refer to as the “*atypical practice*”, deserve particular consideration and are therefore addressed in chapter seven. In this chapter I will demonstrate that the usual work of the clinic staff encompassed a wide remit: offering birth control advice, while at the same time ensuring that women understood the illegality of and potential damaging effects of abortion, particularly as the issue of abortion was one which impacted on the work in the clinics: proselytising: providing advice to, and teaching, medical and nursing colleagues.³ While there were similarities in some of the aspects of the work in the London and travelling clinics, those involved in the latter undertook an additional range of duties and experienced difficult working conditions. This was compounded by what appears to be many weeks of enforced separation from their homes and families. Furthermore, because of the ongoing debate around the provision of birth control at this time, and in common with other birth control clinics, the midwife-nurses encountered hostility in both settings. However those working on the Caravan Clinics, unlike their colleagues in London were required to deal frequently and directly with the opposition. This came in various guises ranging from adverse comments in local newspapers, ruses designed to create difficulties in securing a site for the Caravan, direct verbal insults, and acts of vandalism, the most serious of which culminated in the destruction of the first Caravan by arson.

In an attempt to capture the range of experiences afforded to both cohorts of midwife-nurses, the chapter is divided into topic areas each of which explore an aspect of the typical working lives of the midwife-nurses and demonstrates the development of the role within the Stopes’ organisations. I begin with an exploration of the nature of the

modus operandi of the Stopes' Clinics which is introduced by a brief discussion of the job specification which appeared in advertisements for vacancies in the clinic before turning to explore the type of contraceptive recommended to women attending the Mothers' Clinics. Moving on in the chapter, I offer an exposition on the training received by the staff in preparation for this clinical work and how this expanded to include external candidates. The discussion continues with some information regarding the access to the service, the cost to the woman and the approach to delivering the care. The issue of abortion was influential on the work within the clinic and so is examined in some depth. As far as possible the *modus operandi* of the Stopes' clinics will be compared and contrasted with the style of work of the other voluntary clinics with particular attention being paid to the roles assigned to the nurses or midwives. Examining the nature of the work within the Mothers' Clinic will also provide further illustration of the previously outlined contradictions inherent in Stopes approach to eugenics. In addition to the clinical nature of the work the staff undertook other duties which I have classified under the heading of "*Proselytising*". This included addressing meetings, and presenting lectures, leafleting, doorstep visits, and dealing with visitors to the clinic all of which added considerably to the workload of the staff. The final section is devoted to the Caravan Clinics. Initially there was only one Caravan but following its destruction by arson in 1928, a second was purchased with donations made by sympathetic supporters.⁴ Thus from 1929 two Caravan Clinics were in operation, one touring the south and the other the north of the country.⁵ The section will thus focus specifically on the detail of the work undertaken by the midwife-nurses working on the mobile clinic and identify the routes taken across the country by both Caravans. The chapter then moves on to study the number and condition of the individuals who used

the service. A variety of data will be used to illustrate the numbers of women (and sometimes men) accessing the clinics thereby providing a proxy measure with which to estimate the amount of work undertaken by the midwife–nurses. Where the data permits, examining the class of those who used the various services will also contribute to the debate in chapter eight on the impact of the work of the clinic on the general population many of whom were already using some form of fertility control, a point which was acknowledged by Stopes herself.⁶ Overall, by addressing the research questions this chapter provide an insight into the working lives of the staff in the Mothers’ and Caravan Clinics and gives testimony to the extraordinary dedication and commitment to the “*birth control mission*” of these pioneering birth control midwife-nurses.

The *modus operandi* of the clinic

By way of introduction to the remainder of the chapter, I will refer to an example of the type of advertisement used to recruit staff to the Mothers’ Clinic.

*Required, a trained midwife for health lecturing and clinic work in London.
Able to address small audiences and organise bigger meetings.
Apply in own handwriting stating salary, experience, qualifications.⁷*

This is revealing and shows that some features of the post, the lecturing for example, were clear and unambiguous; however, the information on the actual nature of the clinic was omitted. These advertisements were usually placed in the ‘*Nursing Mirror*’ or ‘*Nursing Times*’ with replies being directed to a box number, thus maintaining the confidentiality surrounding the post. Note that it does not demand that applicants be married, although as identified in chapter four, Stopes’ aim was to deliver a woman-to-woman service using married women with a CMB qualification. In the earlier chapters I

have produced evidence showing that in reality the marital status of the staff covered all categories. Further discussion on this point will take place in chapter eight. I will now move to discuss the contraceptive methods offered by the voluntary clinics, beginning with the Mothers' Clinic.

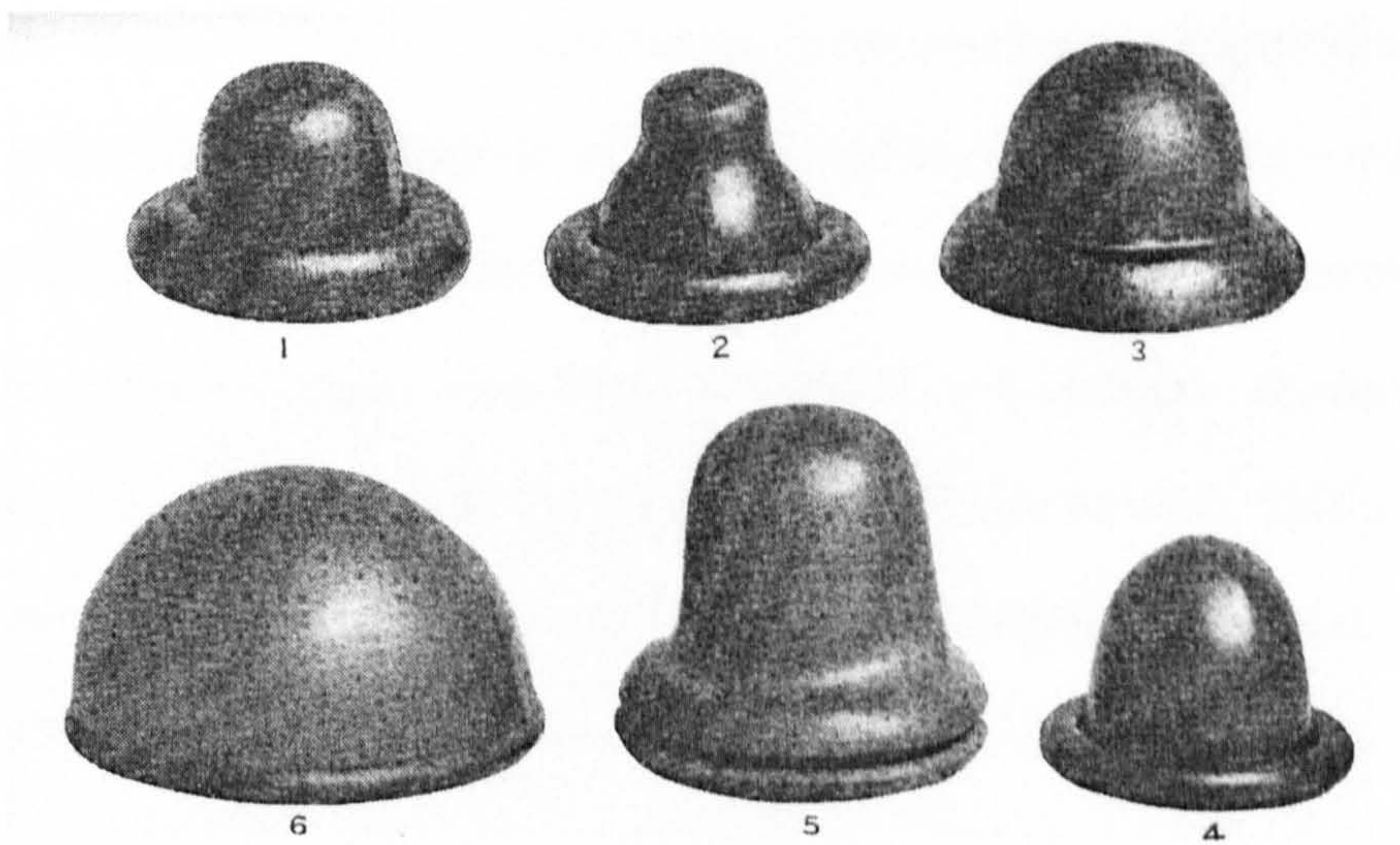
Contraceptive methods offered

In chapter four I briefly mentioned the methods of contraception available in the Stopes organisation but in order that the work performed by the midwife-nurses in the clinic can be fully appreciated and the differences between clinics emphasized, I will now explore these in greater detail. Stopes' preferred methods of contraception were outlined in her various publications and unremarkably were the methods of choice within her clinics. In *'Wise Parenthood'* she had identified three essential criteria for any method: that they be safe, harmless and have the least possible interference to the spontaneity of coitus. She also advised that using two methods would achieve the best effects.⁸ The male condom or sheath was not favoured being deemed psychologically and physiologically damaging. She also disapproved of coitus interruptus, commonly known as withdrawal, the only exception for its use being what she called an "*emergency*". Notably both the sheath and withdrawal have been recognised as the main method of contraception used by a majority of the population under the control of the male partner.⁹

The alternative methods favoured by Stopes were female barrier methods in the form of a sponge or, a small rubber cap, described by Wright as a being like a thimble, which was designed to cover the cervix.¹⁰ This device with a high domed soft centre designed

by Stopes, patented by her husband and manufactured by Lamberts, was thus the favoured method and cap of choice used in the Mothers' Clinic. Prior to insertion into the vagina it was moistened with soapy water or quinine ointment. The cap thus provided a barrier to the sperm while the application of quinine or similar spermicidal agent destroyed any stray sperm by damaging its outer cell membrane. The caps were available in three sizes and it was important that the correct one was selected. This was estimated by examining the vagina and cervix basing the size used on the length of the vagina and any abnormalities of the cervix; most women were accommodated by the small or medium size. As an alternative to a spermicidal placed directly onto the cap, the woman could use a commercial pessary made from cocoa butter and quinine, a small fine textured moist sponge covered with olive oil, soap powder, cotton wool covered with Vaseline, or a strip of boracic lint.¹¹ The length of time recommended time that the cervical cap could be left in situ varied and although I will not enlarge upon this issue here, it was the subject of heated debate.

Figure 6.1 Various designs of cervical caps



Source: Stopes M.C. *Contraception-its' theory history and practice*. 5th edition. London: Putnam; 1941 Plate III.

Although this method was favoured by Stopes, Professor Louisa McIlroy asserted that it was “*the most harmful method of which I have had experience*” comments which, as I will discuss in chapter seven, were to be the cause of the Stopes-Sutherland libel case in 1923.¹² The alternative to the cervical cap was the Dutch cap designed by Dr Aletta Jacobs in Holland. Although sharing the same fundamental principle of providing a barrier to the sperm, this type of cap contained a metal spring in its rim and was placed in the vagina rather than directly onto the cervix. The arguments Stopes used against the Dutch cap were twofold. First she cited the potentially damaging effect on the vaginal walls that would be caused by the stretching action of the cap. The second objection related to her belief that it was important for the tissues immediately around the cervix to come into contact with the seminal fluid. While her approach to physiology was at times somewhat unconventional it is notable that this idea was also recounted by Dr Jack Suchet when referring to his experience as a medical student in the early 1930’s. In addition he recounted that he was taught that all forms of contraception was deleterious and dangerous while spermicides were thought to cause foetal abnormalities.¹³ Despite her reservations, in her publications Stopes was pragmatic and acknowledged that the Dutch cap could be of use for some women, particularly those who had difficulty using the cervical cap.¹⁴ Douching as a method was also rejected on the grounds that it was aesthetically objectionable, damaging to the natural flora of the vagina and also spoiled the intimacy of the moment. This could be mitigated she asserted if the woman was “*one of the very fortunate ones who can afford a fire in the bedroom and a maid to provide the warm douche*”, a luxury that was unlikely to be available to the women visiting the clinic.¹⁵ If douching was used, the

following substances were recommended: vinegar and water or common salt. Lysol, carbolic acid and similar solutions were to be avoided.

Some intra-uterine devices were available for example, the Wishbone Pessary and the Grafenburg Ring, but they could only be fitted by a doctor and were not widely used because of the risk of pelvic infection. Data from the report of the first ten thousand cases at the Mothers' Clinics identify the percentage rates of use of each of the methods. The cervical cap was used in 69% of cases, a sponge and olive oil 19%, condom 2%, the Dutch cap, the Mizpah (an American version of the cervical cap), wool, and pessaries equated to less than 1% each.¹⁶ It appears that the favoured female barrier method of the other clinics was the Dutch cap, although it appears that they did have access to the Pro Race cap so favoured by Stopes.

Training for the role of midwife-nurse in the Stopes' Clinics

In this section I will outline the training provided to the midwife-nurses, the way in which their knowledge was tested and how successful candidates were admitted to the CBC register. In addition I will explore the implications of extending the training to external candidates and the increase in numbers wishing to be trained following the move to allow birth control advice to be given in municipal clinics. This section will be supplemented by some reference to the work I undertook for my Masters dissertation in which I examined the training of family planning nurses following the Second World War. I justify this on the grounds that it will allow some comparison of the approaches to training and to practice and will illustrate that Stopes' style of training (and indeed

practice) was eventually subjugated by the creation in 1930 of the National Birth Control Association (NBCA) the precursor to the FPA.¹⁷

Ostensibly it would appear that it was an advantage that the staff recruited to the Mothers' clinic was required to have the CMB certificate, and to have experience in the role of a midwife. Although the other voluntary clinics also employed midwives or registered nurses, as I have already indicated the role they assumed in the clinics was much more as an assistant to the doctor. Thus they were not required to have the detailed knowledge of the contraceptive methods nor be able to assess the woman and conduct the initial fittings of the caps, diaphragms or sponges. This may explain why there is little evidence that they were given any particular training for their role. This was in great contrast to the role and training undertaken by the midwife-nurses in the Stopes' organisations, where her three eugenic tenets and the promotion of the ideals of the CBC, previously outlined in chapter four, underpinned the clinical practice and other duties undertaken by the midwife-nurses. There were of course some differences in the levels of knowledge the midwife-nurse brought to the clinic. I have referred to this in previous chapters, noting that some among the first cohort of midwife-nurses had already read Stopes' work and accessed the leaflets produced by the clinic. Additionally a number of those in the second cohort had also had some practical experience of birth control in other clinics. I will now move on to explore the training in more detail.

There is an acknowledgment by Stopes that she specially instructed the first midwife-nurse, Nurse Maud Hebbes, but there is no detail on how she was prepared for the clinical work and whether this involved any practical demonstration.¹⁸ Indeed, Evelyn

Fisher one of the clinic doctors, later recounted that Stopes did not personally undertake any fittings herself.¹⁹ A clearer picture emerges when examining the employment of the third midwife-nurse, Rosina Thompson. Following her interview and appointment she was advised to work with Nurse Hebbes to “*gain as much tradition of the clinic as can be*”.²⁰ This indicates that the training at this stage was very much in the apprenticeship mode of watching and learning. Similarly midwife-nurse Elizabeth Latter appointed in 1924 was told to learn all she could from Nurse Thompson and Sister Roberts but in addition she was also advised to “*study the book ‘Contraception’ as though it was a text book and you were taking an examination*”.²¹ This reference was to the manual which had been published in 1923, and had been received enthusiastically by some sections of the nursing press. In particular Begbie noted that the ‘*Nursing Mirror*’ recommended that nurses who worked among the poor “*should be able to give advice upon this topic when called upon to do so, and for this purpose they will find Dr Stopes work invaluable*”.²² As well as chapters on history it also contained detailed information on the indications for contraception and the different types available to meet the needs of the individual cases. Thus from this date, the midwife-nurses had access to a theoretical as well as a practical training.

The advice about reading the work “*as if taking an examination*” was not without basis. An examination was introduced which tested the theoretical knowledge of the newly trained midwife-nurse after which their employment would be confirmed, new employees only being given provisional appointments conditional on successfully completing the training. This was supplemented by a *vive voce* and a report of the standard of the practical work, all of which was then incorporated into the CBC

certificate. Stopes expressed the hoped that this qualification would become as important a qualification as the CMB.²³ This desire that the CMB certificate be regarded as highly as those awarded by the CMB was somewhat ambitious and probably centred on her craving for professional recognition of the work in her clinic. In reality while the course provided by Stopes was innovative within the voluntary clinics, there was much less theory and practice than the training validated by either the CMB or the GNC.²⁴

I turn now to an exploration and assessment of the CBC examination itself beginning with the content. Although there appears to have been two versions of the examination papers the subject matter focussed on the same areas. These divided into questions which could be seen as relating to the practical work in the clinic. Thus it included questions concerning the anatomy and physiology of the female reproductive tract, the methods of contraception and the conditions which required special consideration when fitting contraceptive caps. The trainees were asked to produce a bilateral drawing of the female sex organs or drawings of a normal uterus, vagina and pelvis and repeat this demonstrating the effect of a prolapse. Their knowledge of the methods was assessed by requesting illustrations which indicated the position for a Dutch cap, cervical cap and feminine sheath; in addition they were asked to state and justify their preference for the various types of cap, identify the chief objections to the male condom, and describe what type of women would be advised to use the *Capote Anglaise*, otherwise known as the female sheath.²⁵ Gynaecological conditions, prolapsed uteri, amputated cervix and offensive discharge required an answer which outlined their management in relation to the use of contraceptives. Thus far there was nothing particularly remarkable about the

questions posed in paper. However the final part of the examination again reflected Stopes' fixation with the opponents and opposition to birth control in general, and to her organisation in particular. Consequently the candidates were asked to write essays on how they would respond to religious objections or claims that birth control was immoral, that it led to sterility and that "*Dr Stopes' methods are no good*". In addition there was a question on the early history of family limitation.²⁶ Examinees were instructed to write clearly and concisely on one side of the paper and answer as many questions as possible within the given two hour time limit. It appears that several of the candidates were allowed to sit the examination at home after being placed on their honour not to consult any text books and to adhere to the stipulated time.²⁷ The completed scripts were sent direct to Stopes for marking but although several of the completed examination papers are to be found in the archives none display any signs of having been assessed. Nonetheless they make fascinating reading and raise some issues as to the level of knowledge of some of the staff.²⁸ Nurse Shears in particular wrote messages on her answers explaining that she was not able to answer particular parts of the question.

An expansion of the training in the clinic occurred in 1925 when it was opened to external candidates, allegedly in response to the demand for clinical instruction in birth control methods. A notice announcing the availability of the course comments that it is the CBC certificate training course and quotes an all inclusive fee of five guineas.²⁹ The "*regulations*" for entry onto the course were that those entering the training must have the CMB certificate and be on the register of midwives or have passed midwifery in the medical course of a recognised university or medical school, preference being

given to those who had trained at Queen Charlotte's. Furthermore candidates had to agree to attend regularly for four weeks practical experience at the clinic for eight hours a day from Monday to Friday. In 1926 a reduction in the length of training was offered to experienced midwives, the reason for introducing this concession and the cost of the course is unclear.³⁰ However anyone enquiring about training was consistently informed that the training would take from one month to six weeks depending on the capabilities of the student. This demonstrates that there was a degree of flexibility inherent within the training programme. The course for midwife-nurses was described as being "*special and very stiff*". However this was seen as being very positive and a way of maintaining a high standard in birth control clinic work.³¹ The one consistent requirement for all those undergoing this course of preparation was the obligation that after completing the first week they sign an oath that they would not become involved in any act of criminal abortion, an aspect which will be explored in detail later in the chapter.

On completing the practical training and obtaining a pass in the examination and *viva voce*, candidates were awarded the CBC certificate and admitted to the CBC register. A condition of entry was an agreement to be loyal to the movement and to continue to maintain the high standards of the CBC. Unfortunately this register does not appear to have survived so it is not possible to identify how many external candidates actually accessed the training and indeed how many were successful. Certainly it seems that there were occasional failures. A note in the minutes of the CBC refers to the "*failure of the nurse in training*" but offers no other detail.³² I will now move on to explore the

increase in the demand for training from doctors following the issue of Memorandum 153/MCW in June 1930.

Birth control and training for doctors

It had been noted by Stopes that there was still no official instruction on birth control within the medical syllabus. Indeed it was remarked upon that the only question set by the Royal College of Physicians and Surgeons for the Diploma in Public Health was one directed at policy rather than practice, which asked candidates to give reasons for giving assent or dissent to a request from a local authority to give instruction in methods of birth control.³³ The position remained static until 1930 with the introduction of Memorandum MCW/153. The eventual capitulation of the Government and the issue of this Memorandum had a marked effect on the numbers of doctors requesting instruction in contraceptive methods in order that they could implement the guidance and establish birth control services within their own areas.

The deliberations about the content of the Memorandum had been protracted. The grounds for offering birth control advice were outlined thus

Where there are medical grounds for giving advice on contraceptive methods to married women in attendance at the Centres it may be given but that such advice should be limited to cases where further pregnancy would be detrimental to health.

Separate birth control sessions were to be arranged in the “Centres” (that is the Maternal and Child Welfare Clinics) so as to avoid any detrimental effect on the usual work of the Centres. The Ministry made it very clear that advice could not be given in any other circumstances. Similarly, in clinics provided for giving medical advice to women with gynaecological conditions, any advice on contraceptive methods was

limited to married women and only where further pregnancy would be detrimental to health. The final recommendation, "*that it would be sound to restrict birth control advice to women needing it on medical grounds*" appeared to place the access to birth control services run by the state, firmly in the control of the doctors.³⁴

By the middle of 1931, thirty-six local authorities had taken some form of action to ensure the implementation of the memorandum. The full impact of the memorandum was felt at the end of 1931 when there was a concerted effort to provide a free municipal clinic in every district. This move to enhance the provision again impacted on the Mothers' Clinic in several ways. The first was the number now requesting training; forty-one doctors in the last quarter of 1931. This raised a practical issue in that the trainees needed to practice the procedures. When the training had first started, the clinic simply used women who were attending that day as "*demonstrators*". However when the course was extended to external candidates this approach was discarded when it was deemed to demoralize the women. An alternative method, to pay women who would volunteer for the demonstrations, also foundered when they failed to return for future sessions. The solution was found when the pay being offered by the clinic for each session was raised from five to ten shillings. This restored the pool of willing volunteers on which to draw.

An account of her experience as one of the demonstrators at a session for doctors was given by Alicia Fleming. The extract is reproduced in full as it indicates the extent to which the midwife-nurses were fully involved in the practical training.

We used to demonstrate to as many as 20 doctors. They examined the cervix and they decided which contraceptive that you should use, or which they think would suit you. And each one, the first one places the cap onto the cervix, or to the best of their ability, and the sister checks it, and they don't leave the clinic until they get the thing right. And you go through the 10 of them-or however many there should be-and the sister checks each one. And then, well I think I was the only one that would do it, and I used to demonstrate in front of the doctors to show them exactly how you would fit the cap in your own home.³⁵

This approach had solved the problem of practical demonstrations, however as the numbers of doctors seeking training increased so did the financial burden on the clinic. Even so, Stopes refused to ask for any payment. The estimated cost for each trainee was assessed as one guinea which covered the cost not only of the tuition but the disinfectant, equipment and presumably the “*demonstrators*”.³⁶ Additionally the sources reveal that the doctors attending the Mothers’ Clinic were trained either by the visiting consultant or the midwife-nurse, no distinction being made between them.

Overall, Stopes maintained that the success of her clinic lay not only in the selection of the staff but also the way in which they were trained. She was scathing of the

many doctors and nurses desiring to learn our methods come thinking that they can pick it up in half an hour or so-almost all jib at the minimum of 4 weeks consecutive instruction and training which we insist upon for midwives and doctors alike. The result is they then go away without instruction and practice what I designate ‘the lazy doctors method’ of the ‘Dutch cap’ which is often applied to cases quite unsuitable for it, or they attempt to practice our methods after a casual visit of investigation and without adequate technique.³⁷

There appears to be a contradiction in her approach. While the training for the midwife-nurses adhered to this minimum, the evidence suggests that the doctors attended for a lecture and demonstration which took place on the same day. The length of the training provided to the midwife-nurses in the Mothers’ clinics meant they were probably exposed to a range of conditions which gave them a wide experience. This was

significant as in the next section I will demonstrate that the midwife-nurses' had great autonomy in practice dealing with all aspects of the woman's care.

It is interesting to speculate on how the training of the family planning nurse may have evolved if Stopes had retained her membership of the NBCC.³⁸ The work I undertook for my MSc in which I examined the type of training offered by the amalgamated 'originations' in the guise of the FPA, led me to conclude that the training nurses undertook was dominated by doctors as, "*The instructing doctor is responsible for the training of nurses*".³⁹ Moreover, the content of the syllabus placed the nurse firmly in the position of assistant to the doctor. The origins of this division of work in the birth control clinics can be traced back to the way in which the other voluntary clinics operated in the 1920s. As I will demonstrate in the next section, this approach was the antithesis to that used within the Mothers' Clinics.

Access to birth control services

I will begin with a discussion relating to access to the clinics which will include the range of opening hours, before moving on to explore the charges imposed on the women for the service. It can be argued that these aspects had the potential to either restrict or facilitate access to the services. All the Stopes' clinics were open every weekday with a variety of opening hours, which included two evenings to allow husbands to accompany their wives. The women could attend without the need of a letter of introduction and for the main clinics there was no appointment system; those who wished to access the services of the clinic in a private capacity for which they would be charged one guinea, were able to make an appointment with the head nurse.⁴⁰

This open approach in the main clinic was embraced in an attempt to ensure no women was ever turned away, the fear being that they might not have the courage to return. This equates with what would in current practice be termed a “*Walk-in*” clinic. As I will indicate later, this flexibility of access was also an important aspect of the work of the Caravan Clinic with the midwife-nurses responding quickly to local variations in employment and tradition. For example when based in Yorkshire the midwife-nurse noted that Monday was the housewives day for washing and baking but that the mills and factories were closed on Saturdays. The clinic times were thus adjusted, opening on a Saturday in order to accommodate the availability of the women in that locality.⁴¹

The consultation and advice were given free of charge and although the majority of women would then need to buy the appliance from a reputable chemist or supplier such as Lamberts, the clinic did have a supply contraceptives which they could give to the poorer women.⁴² It appears that in many of the other voluntary clinics, opening times were limited and as a consequence relied on an appointment system. I will use the Walworth clinic and its affiliates to further illustrate this point, first offering some background detail to establish the context for the discussion.

The ‘*East Street Welfare Centre for Pre-Maternity, Maternity and Child Welfare Centre*’, commonly referred to as the Walworth Clinic, was established in November 1921 under the auspices of the Malthusian League. It provided all the functions of a welfare clinic with the addition of some birth control provision. In 1924 the Walworth Committee took the name ‘*Society for the Provision of Birth Control Clinics*’ (SPBCC) and embarked on a campaign to encourage other areas to open clinics which would be

affiliated to the Walworth Clinic.⁴³ Wright notes that the SPBCC was particularly proud of its aim which was

to establish and support, in the interest of social welfare and for the relief of poverty, clinics in which instruction in the most satisfactory method of contraception will be given to married woman of poor circumstances by registered medical practitioners (preferably women) assisted by qualified nurses. (My emphasis)

Dr. Norman Haire was the first and only male doctor to be appointed to the Walworth Clinic.⁴⁴ I now return to the point concerning access to the clinics. Initially the Walworth Clinic was open on two afternoons per week, only one of which was dedicated to appointments for birth control. Birmingham, being under the auspices of the SPBCC, adopted a similar approach opening on a Tuesday from 7.30 p.m. to 9 p.m and Thursday from 2.30 p.m. to 4 p.m.⁴⁵ The charge for the service also varied between clinics. The Walworth and Birmingham clinics charged one shilling for the first visit and the women also had to purchase the appliance although as with the Stopes clinic poorer women were given assistance. Even when a charge was made it still compared favourably with the costs of visiting clinics run by individuals. For example a yellow payment card from the '*Parents Clinic*' operated by Rose Witcop showed that a charge of five shillings was made for every visit. Nurse Jones reported that the women who were using Witcops' clinic existed on an income of 27 shillings a week on which to support themselves and their family. Five shillings was therefore considered too expensive.⁴⁶ So far the differences between the clinic services have been relatively minor. However the next section, the approach to delivering care, raises issues which have greater significance both for the women who visited clinic and to the nature of the role assigned to the midwives and nurses. I will begin with a discussion of the service provided in the Mothers' Clinic.

Delivery of the birth control service

The woman-to-woman service offered by the Mothers' Clinic was designed to make women feel "*that there is a kind heart to listen*" as well as being able to provide the advice required to enable them to control their own fertility.⁴⁷ Women who were deemed to be "*normal*" cases would come into contact with only two members of staff when visiting the Mothers' Clinic for advice. On arrival they would be welcomed by the Receptionist before being interviewed by a midwife-nurse in a room resembling a drawing room. Following this consultation the next part of the visit was conducted in a treatment room where the midwife-nurse would perform a bi-manual pelvic examination and assessment. The purpose of this was not only to estimate the size of cap required but also to check for any anatomical abnormalities or gynaecological problems; for example any prolapse, damage to the cervix or discharge. If such a problem was detected the woman was referred to the visiting consultant for further examination and treatment. These additional appointments were conducted in the Mothers' Clinic or at the Harley Street surgery. Further details of the type of conditions triaged in this way will be explored later in this section.

Following the examination the appropriate contraceptive was recommended and in the case of a check pessary various sizes were tried to determine the best fit after which the woman were instructed in its use and allowed to practice inserting the device themselves. The midwife-nurse was advised to spend at least twenty minutes with each woman and if it were judged to be necessary, to offer two to three follow-up visits. Even so, Stopes unkindly asserted that there were some women who were difficult to instruct because they were "*extremely stupid and unreliable*".⁴⁸ The whole

consultation and procedure was conducted within a clean environment, rubber gloves being worn for the internal examinations with all equipment sterilised after each patient. I wish to emphasise this point because as I elucidate in chapter seven, the midwife-nurses asserted that not all clinics were so careful in their hygiene practices.

The midwife-nurses in the Mothers' clinic were also the first to use a specially designed case sheet to record the history and treatment of the women who attended for advice. These were devised by Stopes in 1921 for use in the clinic and the information collected in this way used to produce her two reports on the attendees at the Mothers' Clinic which was published in 1925 and 1931.⁴⁹ The information collected related to the age of both partners at marriage with the date, a record of existing births (space was available for 12 births/pregnancies) with the date and outcome recorded for each and a section for further details as volunteered by the patient to be recorded by the midwife-nurse.⁵⁰ Other clinics used a similar record but were accused "*of following in our wake*" and of copying the idea from Stopes.⁵¹ This style of record became the standard for the voluntary clinics and the card designed for use by the Walworth clinic continued to be used by family planning clinics well into the 1990s.⁵²

I mentioned earlier that any abnormal cases were referred to the visiting consultant. In terms of the work undertaken by the midwife-nurses only a small number of women were referred to the visiting consultant. In her report the '*First Five Thousand*' Stopes suggested that these represented only a small percentage of the cases seen (see Table 6.1).⁵³

Table 6.1. Percentage of abnormal and difficult cases of those attending the Clinic.

Year	Percentage of abnormal and difficult cases
1922	1.76
1923	13.77
1924	33.80

Source: Stopes M.C. *The First Five Thousand*. London: Bale and Danielsson; 1925 p. 30.

This approach to delivering birth control services advocated by Stopes was not one which was replicated in the other voluntary clinics which opened during the period under study.⁵⁴ To recap, these were the Walworth Clinic, established in November 1921; North Kensington Clinic in 1924 with a leading feminist Margery Spring Rice as its Chair; Wolverhampton and Cambridge in 1925; Manchester and Salford, Oxford and Aberdeen in 1926; Birmingham in 1927 (this provided a mail order service in addition to the face to face consultations); Rotherham and Newcastle-upon-Tyne in 1928.⁵⁵ I will explain the differences in the provision of services in more detail using Walworth, North Kensington, Birmingham and Manchester as examples.

Services delivered outside the Stopes’ Clinics

Evelyn Fuller outlined the procedure at Walworth thus: the woman was interviewed by the lay worker following which she was taken to a cubicle to see the doctor who undertook a gynaecological examination. A contraceptive was recommended and it was the role of the nurse to teach the method. When the nurse was satisfied that the women understood how to fit the appliance, the doctor returned to make a final examination. One week later the woman returned wearing the appliance and the doctor checked that it

was in the correct position. On this visit she received a syringe with instructions how it should be used. Birmingham used a similar approach, with the initial interview undertaken by a voluntary worker who also made an assessment of the woman's financial situation. Once again it was the doctor who examined the woman who was then returned to the nurse for instruction.⁵⁶ Similarly in another clinic affiliated to the SPBCC, North Kensington, although the philosophy of the clinic centred on providing a service run completely by women, they still used a model of care which relegated the nurse to the traditional role of providing support to the doctor. Stocks also describes how when organising the first provincial clinic in Manchester they had to find a woman doctor bold enough to officiate and *"two nurse-midwives bold enough to assist her"* (my emphasis).⁵⁷

These clinics are representative of the practice in all the other voluntary clinics where it was deemed best practice to use doctors as the primary professional who would undertake vaginal examination using a speculum as part of the normal practice.⁵⁸ This use of a speculum had emerged in the early 1920s' and appears to have been the idea of Helena Wright. A report of a doctor's conference in 1929 stated that

*The medical officers of Birth Control Clinics throughout the Country, considers that a regular examination with a speculum is an essential before recommendation of a conception control method and urges the Committees of such clinics to afford facilities to their medical officers to make this examination.*⁵⁹

This could be argued as being advantageous for the women visiting the clinic perhaps being the only opportunity they may have had to undergo an examination and treatment for some underlying gynaecological conditions.

While this may have been beneficial for the women, the establishment of this as a routine procedure which only doctors could perform effectively debarred the nurse from any involvement in the aspect of the consultation which involved the examination and fitting of the contraceptive appliance. In these clinics the doctor was the leading practitioner, the use of a speculum reinforcing this position. Meanwhile the function of the midwife or nurse remained one of an assistant with a limited set of duties. One document outlining the equipment needed in a clinic noted that they should make available a table for the nurse *"whose duty it is to prepare the appliances etc for the doctor's use"*.⁶⁰ Thus the use of the midwife-nurses in the Mothers' Clinics as the *primary* professional and main contact for the women was unique and continued to be the focus of comment. A remark in a set of notes describing the different birth control clinics which were available in 1936 noted that

*The practice at this clinic differs from that of other birth control clinics in that patients are normally seen and prescribed for by a midwife- (sic) whereas at most other clinics every patient is seen and advised by a women doctor.*⁶¹

The final difference was located in the staff involved in the delivery of the service. In all but the Mothers' Clinic the initial interviews were undertaken by voluntary lay workers, an approach which met with disapproval by Stopes and which was never implemented within the Mothers' clinics.⁶² What is of particular relevance here is that by undertaking all the work themselves the midwife-nurses produced a *"seamless"* service for the women who attended the clinic, an approach designed to allow them plenty of time to deal patiently with women who needed to be put at ease.⁶³ This facilitated the provision of a continuity of service to the woman which contrasted vividly with the practice in the other voluntary clinics where the women were routed through a variety of

professionals; an approach which Nurse Ada Shears remarked made the clinic visit an ordeal for the women.⁶⁴

However whatever the process in the clinics, although a session with the woman could be judged a success, this did not guarantee that the recommended contraceptive would be used. Many women were unwilling to use the cervical cap or diaphragm as it involved examining their vagina and cervix, a new, unwelcome and difficult experience.⁶⁵ Very few, only five per cent of the first 1,284 patients, had used a cap previously.⁶⁶ As noted in chapter four the circumstances in which some women existed made it very difficult to find the use the cap or diaphragm successfully. Similarly the routine for the removal, disinfecting and storage of the device was complex; all of which impacted on the rate at which the contraceptive was actually used. Indeed it has been estimated that only half of the women fitted ever used the device.⁶⁷ Contraception was not the only advice on offer at the Mothers' Clinics; childless women also came for assistance. This was encapsulated by Nurse Hebbes in a reply to a question about her duties posed by Mr Patrick Hastings at the Stopes-Sutherland libel trial in 1923.

*It depends what they come for; sometimes they want a child, sometimes they are having babies too quickly; in cases where they are having babies very quickly I ask them how many they have had, usually they tell me, and I tell them the simple method of control, which is to fit a little cap over the cervix and teach them.*⁶⁸

As Hebbes indicated, the midwife-nurses also undertook pro-conceptive consultations although this aspect of the work in the clinic, often referred to by Stopes in her speeches as an aspect of "*Constructive birth control*", tended to be ignored by her opponents. During the first nine years of the clinic, 142 childless women sought help, some of whom had had recurrent miscarriages with others found to be *virgo intacta* even after

many years of marriage.⁶⁹ Nurse Rosina Thompson reported that she had had a return visit from a woman who had recently had a child following the advice received from the clinic.⁷⁰ Other clinics did not offer this service until much later, for example Birmingham started offering advice to sub-fertile women in 1930.⁷¹ Occasionally the advice related to women who were already pregnant.

A particular case of interest concerned a well known author who had had repeated miscarriages. Currently pregnant, she was now seeking the advice of Stopes and the clinic as, if this pregnancy failed, she would be undergoing sterilization. Nurse Hebbes was therefore instructed by Stopes that she should examine the women carefully, advise bed rest around the time of each expected period and a supplement of chloride of potash. Quite how Hebbes responded to these instructions is not recorded but it is one example of Stopes' belief in the superiority of her own knowledge above that of the professionals.⁷² While this is an example of a client seeking advice in order to remain pregnant, the converse was much more common and as I will discuss in the next section, the issue of abortion was one which impacted on the work in the clinics.

The impact of the abortion laws on the work of the clinics

In chapter three I outlined the way in which abortion moved from the concern of the Ecclesiastical Courts to becoming part of the law of the State. In 1921 when the Mothers' Clinic opened, abortion was against the law although there was a tacit although unofficial understanding that doctors could perform therapeutic abortion if the life of the mother was in danger.⁷³ In order to deal with this aspect of the work in the clinic I will first explore Stopes' attitude to abortion and how this was manifest in her

speeches, publications and management of this issue within the clinics. I then investigate the requests for abortion and the how the midwife-nurses responded. I will also explore the extent to which this matched the view of the extent of the use of abortion which appeared in contemporary reports and official publications.

Speeches, pamphlets and books as a means for opposing abortion

To combat the link to, and threat from, any association with abortion, Stopes adopted three strategies: first in publicity via her speeches, pamphlets and books and second by recourse to the law. I suggest that the third safeguard, although perhaps not intentional on her part, was in the use of CMB certified midwives. Each of these tactics and the significance of the use of CMB certified midwives are now explored in more detail.

In public Stopes was careful to make her abhorrence of abortion very clear and she made use of her many speeches as a vehicle for this message to be conveyed as widely as possible. In a speech to the meeting held at the Queen's Hall in 1921, she cited the example of the second case to attend the newly opened Mothers' Clinic. This was a young woman aged 20 pregnant for the sixth time with all her previous pregnancies apparently having been aborted by the girls' mother. *"We of course had no help for that girl. We cannot deal with such cases"*.⁷⁴

She carried this stance into her many books and pamphlets and here I shall make use of two examples. The first is taken from *'Wise Parenthood'* where she writes of the *"prevalence and horror of the poor and ignorant woman's attempts at early abortion"*. On this issue she assured the reader that her approach *"coincides with that of all the*

Churches in condemning utterly the taking of even an embryonic life".⁷⁵ The next is taken from the pamphlet '*A Letter to Working Mothers*' written specifically for the working classes and published the following year. In this work she acknowledged that although first babies were usually very much wanted, the difficulties that unwanted pregnancies brought to women in terms of both their health and poverty, often left women dreading "*the shadow of fear hiding in the bedroom*" and of being "*caught*".⁷⁶ Nevertheless, however desperate they might feel she cautioned them not to seek to end the pregnancy. Stopes was well aware that women would seek advice from friends and neighbours who might suggest they obtain one of the many patent remedies which were advertised in newspapers and magazines or go to "*some person who will secretly do an operation to take away the baby that is coming*".⁷⁷ Later in the chapter I will also refer to the messages on this topic that she conveyed via the mouthpiece of the CBC Society, the '*Birth Control News*' to her patrons, public and those enquiring about abortion. I suggest that by using these various forms of communication the stance she adopted towards criminal abortion was seen as being unequivocal, nevertheless as is explained in the next section she also used and supported the law to reinforce her position.

Abortion and the law

As Petchesky has noted religious or legal codes have never been successful in repressing the use of abortion.⁷⁸ Nonetheless Stopes was unrelenting in expounding her views on abortion and promoting the law insisting that

It is a wise law and a just law, and I hope that I shall live long enough to see that law obeyed with no exceptions whatever; obeyed because every woman in the country knows that it is right both for her health and her children's health and therefore for the health of all the community that the law should be obeyed.

While noting that it was against the law and that women would know that this was the case, she also reiterated that it was also against nature to try *“to have what is called an abortion”* and that *“a woman has to be terribly delicate for it to be better for her to have an operation than to carry the child and give birth”*.⁷⁹ However she was able to appreciate that for many women this law may seem unjust. Indeed as identified earlier, a lot of women did not appear to appreciate that the law also applied to all stages pregnancy. Stopes was very anxious to avoid any accusation of criminal activity within her clinics. She took firm action to achieve this and as she often did throughout her life, resorted to using the law. Thus when Stopes wrote to Nurse Maud Hebbes offering her a post three weeks before the clinic opened she said

*you may very well find yourself at this work for years to come....shall have to ask you to go to my solicitor to sign a carefully worded affidavit undertaking that under no circumstances either inside the clinic or outside the clinic in your own home in any way will you have anything to do with abortion.*⁸⁰

All the midwife-nurses, and later every person who attended the clinic for training, were obliged to make a statutory declaration in the presence of a Commissioner for Oaths the content of which was as follows

I ...of.....in the County of... ..solemnly and sincerely declare as follows:-

1. "So long as I am in any way associated with 'The Mothers' Clinic' I will not in any circumstances whatever either in my capacity as a Nurse of the 'The Mothers' Clinic' or in any other capacity, impart any information or lend any assistance whatever to any person calculated to lead to the destruction in utero of the products of conception.

2. I know that abortion is unlawful under the Statutes of the Realm of England, and also that it is physiologically detrimental to the health of the person affected, and for these reasons I will not give any assistance or concurrence to the idea in any way.

*3. And I make this solemn declaration conscientiously believing the same to be true by virtue of the Statutory Declarations Act, 1835.*⁸¹

As I noted in the section on training all working within the clinic were required to sign this undertaking. Those employed in the clinic were required to keep this declaration with them to be used as evidence that they and the organisation would not be involved in any advice or action which would procure abortion. This was expedient as the clinics and staff employed therein became the focus both for those peddling what was purported to be abortifacients and demands for abortion from women who often visited the birth control clinic in the first few months of pregnancy seeking this assistance.⁸²

In addition Stopes would assert that there were occasions when bribes were offered to the midwife-nurses; however examination of the communications reveals little evidence that this took place. The only example comes from Nurse Furness who reported in January 1927 that she had been approached by two men who wanted her to sell abortifacients. Having established earlier that Furness was known to be unreliable and something of an attention seeker, the veracity of this report is open to question.⁸³

Stopes was also single-minded in her pursuit of abortionists. She was aware that the midwife-nurses were perturbed by the emergence of "*tradesmen*" in the vicinity of the Caravan Clinic attempting to sell female remedies also focusing her opprobrium on the "*the rubber goods shops*", both of which she suggested were simply a cloak for illegal abortion.⁸⁴ She was not averse to using the police and the courts to control the exploits of these entrepreneurs and was instrumental in instigating proceedings against some offenders. I present three examples here, the cases of the "*Reverend*" Francis Bacon, "*Dr.*" Nikola and Mr. Carpenter.

While working as a vicar at All Saints Church Buxton Street in Mile End, the “*Reverend*” Bacon simultaneously conducted a business with his accomplice Annie Bolton selling abortifacients drugs under the pseudonym of Dr Hannah Brown. Stopes gave evidence to the Home Office resulting in his prosecution and trial at the Old Bailey in February 1928. He was found guilty and sentenced to fifteen months in prison.⁸⁵ More disturbingly a shop opened adjacent to The Mothers’ Clinic at 114 Whitfield Street. The National Detective Agency was employed by Stopes to observe the premises which were selling contraceptives and “*female remedies under the personal supervision of Dr Nikola*”.⁸⁶ Stopes was similarly proactive in pursuing those who used her name to peddle abortifacients. In 1930 a Mr Carpenter, a stoker opened what was described as a birth control clinic in Notting Hill Gate. In a classic “*sting*” operation Stopes visited the premises and purchased some white pills which she immediately took to the police. As the police were unable to act at this point she returned to the clinic a week later asserting that the pills had been ineffective and requesting something stronger. This was forthcoming at a cost of three guineas. However once the money had been exchanged the man was arrested by a Detective who had been waiting outside. Carpenter was charged with fifteen offences including the supply of noxious substances. The trial provided an excellent platform from which to reinforce her message on abortion. During the trial the prosecution made Stopes’ approach clear by stating, “*It should be publicly stated that Dr. Marie Stopes does not advocate anything of that kind*”. While her barrister reiterated that she had nothing at all to do with the various drugs and substances that were being marketed under her name. Furthermore the judge also made it plain that Stopes was not connected with the “*nefarious business*” conducted by Carpenter.⁸⁷

Unscrupulous tradesmen also targeted the Caravan circulating leaflets as a means of advertising their own preparations, medicines said to assist women with “*menstrual irregularities*”; a thinly veiled attempt to disguise the concoctions as abortifacients although their efficacy was highly questionable. Stopes and the midwife-nurses were acutely aware that any accusations that staff on the Caravan Clinic was engaging in abortion would be disastrous to their cause. The response to such encounters with tradesman was to inform the police and to try to obtain evidence.⁸⁸

I have explored Stopes’ opposition to abortion at some length as it was an important issue for all involved in the birth control campaign at a macro and micro level. It is thus astonishing that it has been suggested that in private she may have adopted a more flexible stance. Two authors refer to this incongruity. In her 1978 biography ‘*Marie Stopes*’, Ruth Hall identified that within what was then the uncatalogued collection of the Stopes’ papers she had seen a letter, written in 1919, in which Stopes had outlined a method of abortion to the unidentified recipient. She recommended using hot baths, purgatives and penny royal while counselling against the use of any instruments.⁸⁹ Lesley Hall also refers to this apparent anomaly identifying other correspondence in which Stopes gave information on how to treat what was called menstrual irregularities. She occasionally also recommended evacuation of the uterus, a euphemism for therapeutic abortion, referring women to the sympathetic gynaecologist Dr. Norman Haire. As Hall notes, although obdurately opposed to abortion in public Stopes appeared to accept that when a woman’s health was at stake it was a reasonable act.⁹⁰

It is difficult to rationalise this irreconcilable differences between the public and private face. However the first instance described may have been prior the loss of her own child an event which may have made her move to the view later expressed in a CBC Bulletin that *“Abortion is not birth control but is the destruction (really murder) of the embryo of a baby after fertilisation”*.⁹¹ I referred to the issues of therapeutic abortion in chapter three. This was a *“grey area”* of the law although doctors did perform these operations when there was a danger to the life of the mother they were not prosecuted. Thus it appears that in recommending that women speak to a sympathetic gynaecologist she was working within the same parameters of doctors. What is particular important to note is that this attitude did not permeate the work of the clinic.

I have examined the different tactics adopted by Stopes to protect her clinic. I suggest that another, albeit unintended, strategy was the use of CMB midwives to staff the clinic. As previously outlined all the midwife-nurses working for Stopes were required to hold the CMB certificate. I have discussed the rationale that was promulgated by Stopes for this decision to use midwives. Although Stopes instigated her own safeguards in the form of the affidavit, an additional restraint on their behaviour was that as registered midwives they were required to work within the professional rules of the CMB. As Donnison has suggested abortion and midwifery had frequently been linked together; a relationship which was entrenched from the 1700's when the midwife was seen as *“a manager of sexual intrigues”*.⁹² Indeed one of the arguments used in favour of the registration of midwives had been that trained women were less likely to indulge in abortion; note that this was countered by arguments that if they were more skilled they would be more likely to undertake this procedure. Thus the CMB shared

anxieties about abortion with Stopes, but in this case it centred on the need to distance the hospital trained and the *bona fide* midwife from the handywoman and any links with abortion. While relatively rare, the CMB had the power to suspend or remove any midwife from the Midwives Roll and indeed there are examples of midwives being removed from the Roll because of their involvement in abortion, a fact that was publicised in the professional journals. For example the charge against Midwife Annie Belshaw was that on her own admission she had feloniously used an instrument with the intent to procure an abortion on one Mary Ann Brooks. She was sentenced to three years in prison and struck off the CMB register.⁹³ Thus when dealing with requests for help with abortion from women and fending off tradesman peddling so-called abortifacients, the midwife-nurses employed in the Mothers' Clinic had to ensure that they did not contravene the law, the rules of their professional body or the Statutory Declaration. I will now turn to the available evidence which may be used to give some indication of the numbers of women using abortion as a means of fertility control before moving on to the requests for abortion received by Stopes and the midwife-nurses.

The incidence of abortion

Throughout the early part of the 20th century successive Governments expressed concern over the numbers of criminal abortion and a variety of official reports and investigations identified criminal abortion, both as a problem in its own right and as a contributing factor to the maternal mortality rate. The Commission on the Birth Rate in 1916 reported that

*Illegal abortion is widely prevalent and that a common method adopted by poor Mothers-especially in the Northern towns-is to destroy their unborn infants by the use of a preparation of lead.*⁹⁴

From 1926 deaths attributable to criminal abortion were presented out with other causes of maternal mortality thus allowing the actual trend in criminal abortion to be recorded. The establishment of a Ministry of Health Committee on Maternal Mortality and Morbidity in 1928 facilitated the closer examination of maternal deaths and as a result the number of deaths which could be attributed to septic abortion increased. Expressed as a percentage this demonstrated an increase from 14.79 in 1927 to 16.80 and 15.30 in 1930 and 1931 respectively.⁹⁵ Maternal mortality during this period was just over 5/1,000.⁹⁶ Another important source of data emerges from the evidence of an Interdepartmental Report which focussed solely on Abortion. Initially meeting as the 'Birkett Committee' its terms of reference were

*to enquire into the prevalence of abortion and the law relating thereto and to consider what steps can be taken by more elective enforcement of the law or otherwise to secure the reduction of maternal mortality and morbidity arising from this cause.*⁹⁷

Although not established until 1937 and reporting in 1939, it is a useful source of information for this thesis as does include data that covers the period under study. While acknowledging that the prevalence of criminal abortion was difficult to quantify it was posited that a considerable proportions of abortions were indeed "*criminally induced*" and furthermore they suggested that the rate had been increasing.⁹⁸ Extrapolating data from the number of miscarriages (allegedly spontaneous abortions) they calculated

*that at the present time perhaps 40 per cent-percentage which we believe (as we subsequently indicate) is an increase on the past-of the abortions in this country may be due to illegal interference although, in the nature of things this has no firm statistical foundation (see Table 6.2)*⁹⁹

Table 6.2 Deaths attributed to or associated with abortion in England and Wales, 1926-1936. Criminal Abortion (Inquest cases only)

Year	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Total	51	47	57	67	67	79	69	85	100	94	73

Source: Extrapolated from Ministry of Health and Home Office. *Report of the Inter-Departmental Committee on Abortion*. London: HMSO; 1939.

Evidence supplied to the Committee by the Midwives Institute suggested that abortion was recognised as a normal experience for a large number of married women. Methods cited included gunpowder, lead, rat poison as well as commercially available preparations, for example ‘*Dr Reynolds Lightning Pills*’. They also offered the opinion that such information was freely exchanged by women within their social networks.¹⁰⁰ This was supported by Elizabeth Sutherland a contributor to ‘*Musn’t Grumble*’ one of the ‘*Out of the Doll’s House*’ programmes. She admitted that her aunt had sent her some pills which she had taken in a bid to abort an unwanted pregnancy. Furthermore information about methods which could be used to produce abortion was passed on by word of mouth from woman to woman.¹⁰¹

In an attempt to support the argument that abortion was widespread, Gittens extrapolated data from the statistics on natural abortion (miscarriage). This was used to support her view that the higher incidence of apparently naturally occurring abortion among the lower social classes was indicative of the use of criminal abortion as a common method of fertility control.¹⁰² However I would suggest that an alternative explanation for the higher rates of natural abortion could lie in the poor nutritional

status and repeated pregnancies among the lower social classes, both of which can be contributing factors to early and repeated spontaneous abortion.

Abortion was also discussed within many nursing journals of the period.

In 1918 Dr Fairbairn, lecturing under the auspices of the National baby Week Council, deploring the lack of midwives described abortion as a serious matter for the woman and a great loss to the population. He further stated that abortion was “*a common practice*” although “*an issue about which the public did not seem very concerned*”.¹⁰³

It also appeared as a topic at conferences, for example at a National Conference on Infant Welfare one session was devoted to abortion and abortifacients.¹⁰⁴

As will also be established when attempting to identify the actual numbers of abortions taking place, consistent and accurate quantitative data is lacking. This can in part be explained by the secrecy surrounding abortion activity both before and after its appearance on the statute books. Indeed it was only after abortion became a statutory offence that some data became available albeit only in light of those who were found to have transgressed the law. Such official data thus becomes the only point of reference when trying to extrapolate how many women may have used abortion and how this compared with the numbers of reported “*requests*” for abortion identified by the clinic staff from the women accessing the service.

Certainly, this was reinforced in oral history interviews undertaken by Kate Fisher, which demonstrated that many women did not see any difference between abortifacients, abortion and birth control. One respondent was convinced that Stopes

had used a knitting needle to bring on her period and also that “*she used to give tablets to the people like*”.¹⁰⁵ I now turn to the requests directed to Stopes and the midwife-nurses for what ostensibly appeared to be advice or treatment to terminate a pregnancy.

‘Requests’ for abortion directed to Stopes and the midwife-nurses

The tactic that I have adopted in examining the numbers seeking help from Stopes and her organisation is to separate into these into the requests Stopes received in her vast correspondence and the verbal appeals made directly to the midwife-nurses in the clinics. The former have been examined by several historians. Lesley Hall has noted that such requests emanated from both men and women most of whom were married and were using some form of birth control; others had resorted to abstinence and alternative forms of sexual activity to avoid the risk of pregnancy.¹⁰⁶ The main reasons they cited for seeking advice were too many pregnancies and/or the ill health of the woman. Davey has similarly undertaken a detailed analysis of 1,500 of these communications to Stopes and has concluded that the correspondents appeared quite willing to confess that they had resorted to abortion to control their fertility.¹⁰⁷ Both interpretations thus support the view that there was at least an intention, and in some cases serious attempts at abortion. Comparing this with Stopes’ explanation is interesting. She claimed that she had received 20,000 requests for abortion in three months which she construed as an indication that there was an epidemic of abortions among women who were either refused or ignorant of the knowledge necessary to control their maternity.¹⁰⁸

However perusal of the letters published in *'Mother England'* many of which she used as a basis for her claim, suggest that she may have been translating simple requests for information into a demand for abortion, thus rendering her interpretation and figures grossly inaccurate. Nonetheless, some of the letters do contain quite clear evidence of attempts to produce an abortion. One asked if there was there was anything the writer could take to "*get it off before it (the pregnancy) came to anything*". A woman reporting that she was six weeks pregnant and already the mother of two young children stated, "*the monthly time should have been 3 weeks ago and I am not at all well...If you can give Me(sic) advice I should be so grateful as I am afraid to try any advertised things*".¹⁰⁹ Others had apparently already resorted to the use of recommended abortifacients on a regular basis, "*I feel tempted every month to take pills and drugs which I find are making my nerves bad and the suspense*" and from a husband.... "*I find that she has been taking (Salt Peter) (Carbolic Lotion) 8 Beechams Pills (sic) at once and so on*".¹¹⁰

The midwife-nurses dealt with any written requests by sending a standard letter in response and from May 1924 were instructed by Stopes to include a copy of the *'Birth Control News'*. This edition contained letters allegedly from women requesting help to abort a pregnancy and gave a firm indication of the stance of the clinic towards any such requests. One letter from AD aged 21 with three children pleads "*Surely you will help me and I will bless you all my days*". Another woman reports that her period is ten days late. She appeals for the name of a good medicine "*please be so kind as to give me some advice how to cure myself*". Stopes as the editor, responded that although the "*pathos of such cases may wring the heart she will not and cannot answer such letters. To do so*

in a manner approved by the writer would be a criminal offence". The piece ended with a reinforcing statement that Dr Stopes, the CBC and the paper utterly condemned abortion.¹¹¹

Correspondence could be dealt with without any personal contact. However the midwife-nurses also had to speak directly with the women who were already pregnant and confused over the differences between abortion and birth control. As one midwife-nurse remarked: *"Some instances of those coming to the Caravan are amusing some tragic, many think they can get an abortion"*.¹¹² The approach to these requests was consistent. Those who presented at the clinic with confirmed pregnancies were advised to return after the baby had been born. In Doncaster, the majority of the women visiting the Caravan Clinic were already pregnant and Nurse Shears noted that her role in these cases was to try to show them that birth control had nothing in common with abortion.¹¹³ Some women arrived at the clinic proclaiming that they were only *"days late"* with their period and requesting an *"examination"* which was interpreted by the midwife-nurses as a veiled request for an abortion. The desperation of many of the women is reflected the statement from Nurse Cook that in spite of the rebuff *"Nevertheless some of the women tried very hard saying that they were only a few days late"*. The recommendation was always that they come back after the baby was born as the clinic *"could do nothing whatever for a woman who was pregnant"*.¹¹⁴ Leeds was particularly cited as a busy place for what Nurse Cook referred to as *"the dreadful crime"* stating that

*A woman called to see me yesterday she was overdue 2 weeks and wanted help. I told her that we did not commit murder and abortion was murder of the unborn and a criminal offence.*¹¹⁵

She also noted that 80 women had approached the clinic asking for abortion but only 13 had attended for birth control advice.¹¹⁶ This prompted Stopes to write an open letter to the *'Leeds Mercury'* in which she challenged the local Medical Officer of Health to identify whether he had *"taken any step to instruct women in the locality that abortion was a criminal offence, a physiological offence, an injury to themselves and to the race"*. She went on to note that a criminal abortionist was operating in the area although without citing any specific evidence for this assertion.¹¹⁷ The same message was outlined in a drafted letter to *'The Times'* in which she reiterated the claim while adding that *"The falling the birth rate as present is clearly not to be attributed solely to the use of birth control but to a much larger extent is due to criminal abortion"*.¹¹⁸

In tracing the development of the law on abortion in chapter three, I identified the confusion in the public consciousness between birth control and abortion, a factor that was exploited by those opposed to birth control. Fisher has argued that many women saw abortion as a way of controlling their own fertility.¹¹⁹ Because of the secrecy surrounding criminal abortion it is very difficult to quantify the numbers of women undergoing the procedure, however I believe there is compelling evidence that women did contemplate and/or attempt criminal abortion, even if they did not succeed. I now move on to the aspect of work which I have classified as *"Proselytising"*.

Proselytising

Although so far I have presented an account of the clinical work undertaken by the midwife-nurses, these clinical duties formed only one aspect of their role. A range of other tasks were assumed by the midwife-nurses which required skills in what would

now be seen as public relations. I will now go on to examine the constituents of this part of the work commencing with the meetings; this will address the aim of the meetings, the requests, the speakers and the contribution made by the midwife-nurses. A few examples will be used to convey the general ambience and content of these events.

The aim of the public meeting was twofold; to give voice to the cause of birth control and to give publicity to the clinics. From its earliest days the clinic received requests for speakers from a variety of individuals and societies. Although too numerous to mention individually the spread of the requests can be appreciated by presenting a few examples: the Women's Co-operative Guild: Urban District Councils: The Healthy Life Society: The College of Nursing: The Women's Citizen Association: Woolwich Radical club: the Independent Labour Party.¹²⁰

The speakers and the contribution of the midwife-nurses

Stopes or her husband spoke at some of the meetings and occasionally members of the CBC executive committed were drafted in to assist, for example Laura Henderson, but the task seems to have been largely left to the remit of a range of clinic staff with the doctors and midwife-nurses sharing the sessions. In the Mothers' clinic requests for speakers came in steadily. Thus it became an important part of the midwife-nurses role to speak at meetings to spread the word about the work of the clinic and the benefits of using birth control.

Although the advertisement for the posts in the clinic identified that this would form part of the role, not all the midwife-nurses were happy at the prospect. Nurse Jones

declared that she was not accustomed to public speaking but pledged to work hard to equip herself.¹²¹ Nurse Shears confessed that she had only had experience of teaching first aid to small audiences. Unsurprisingly, she found the prospect of speaking in public daunting and while happy to speak individually to the women at the clinic she felt that no one would want to listen to “*an unknown obscure person*” which she professed herself to be. Rather she declared that her skill lay in talking direct to women as she could enter their lives “*with understanding and sympathy*”.¹²² In contrast Sister Roberts gave many “*direct talks*” on birth control while Nurse Fowles, who as her résumé in chapter five illustrates did have experience of public speaking, appears to have assumed responsibility for the majority of the sessions immediately on her appointment.¹²³ I now move on to investigate the content of the sessions.

The meetings

A flavour of the content of the meetings can be gleaned from accounts in letters from the midwife-nurses plus reports in newspapers. While both the London and Caravan based midwife-nurses were involved in this aspect of proselytising, the accounts of the latter offer a much richer appreciation of the scale, frequency and amount of organisation required and are thus used by way of illustration concentrating first on the meetings where the midwife-nurse was the speaker. They would later send Stopes a précis of the content of the talk and the answers they had given in response to questions. The reported content often appeared to use both the concepts attached to the eugenic discourse as well as elements of Stopes’ views on the purposes of contraception. A description of one meeting attended by Nurse Shears and another by Stopes provides an insight into the ambience and content.

Nurse Shears wrote a long letter to the Secretary Mrs Bootle in November 1929 giving a description of a meeting held in Hillsborough in Sheffield. She noted that the Wesleyan Hall was filled. In deference to the venue, and unintentionally lending a religious flavour to the proceedings, the churchwarden had decreed that any collection must be stately and proper and that the church collection plates had been used to collect over £3. They had sold books to the amount of £7:5s. Shears had made the bookstall look attractive and had left Nurse Cook in charge while she herself went among the crowd selling copies of *'Letter to Working Mothers'*. Such was the demand that she needed help from a member of the CBC and the Red Cross.¹²⁴

Stopes also continued to deliver speeches herself and was in great demand as a speaker. In 1931 a report of one of her speeches appeared in *'The Northamptonshire Evening Telegraph'* under the Headline "*Healthier Children Wanted*" accompanied by a photograph of Stopes arriving at the venue. The report contains an account of the lecture organised by the Kettering Women's Citizen Association. Stopes was welcomed "*first as a friend, secondly as an advisor, and thirdly, and the most important of all, as a mother*".¹²⁵ The content of her lecture reflected the philosophy of the clinic; the purpose of birth control was not to make women hostile to men but to give them information in order that they could produce children who were not only wanted but also healthy. The visit was not without its critics and at the end of her lecture Stopes referred to a letter that had been published in the local paper from a Mrs Drake Lee who had expressed disappointment that the lecture was going ahead as it seemed to her "*a dreadful blow to citizenship*". Additionally using the contemporaneous eugenic language she was concerned that the use of birth control would "*annihilate the race*".

In her response to the criticism, Stopes referred to the recent Lambeth conference at which the Bishops had conceded that birth control was necessary in some cases and thus could be given approval. Stopes also cited the forthcoming Memorandum 153/MCW as indicative that the Government was now recognising the case for birth control.¹²⁶

For the midwife-nurses the meetings could be seen as forming a stimulating addition to the work; however the more mundane tasks were also part of the role. This is addressed in the next section.

Clerical tasks

In addition to the clinical work the midwife-nurses participated in the administrative and clerical life of the clinic. This involved tasks such as re-ordering stocks of Stopes' books and pamphlets from the publishers. I have previously shown that the midwife-nurses from Lamberts had on occasions been "*borrowed*" by the Mothers' Clinic to help answer the correspondence. Occasionally those working on the Caravan would also be used in this way being recalled to the London Clinic to assist with the accumulated clerical work.¹²⁷ Generally it was the head midwife-nurse who dealt with Lamberts, the company which supplied the contraceptives to the clinic, ordering supplies and sending letters requesting contraceptives on behalf of the patients in the clinic. Intermittently they were also asked for an opinion on new types of contraceptives or were asked to test out new devices.¹²⁸ They also had a role in liaising with those wishing to visit the clinic and took the role of explaining the work of the clinic and showing visitors the various rooms. As outlined in chapter five, access to the service underwent expansion in 1927 with the development of the Caravan outreach service. Thus in the next section I will outline how the work undertaken on the van

differed in a variety of respects to that of the Mothers' Clinic and then demonstrate how the use of the Caravans made access birth control information and service more widely available.

The work on the Caravan Clinic

In chapter five I outlined the development of the Caravan Clinic and the recruitment of the second cohort of midwife-nurses to undertake the work. Using the weekly report of their activities, which they sent to "*Dr*" Stopes from the Caravan, this chapter examines the travels and travails of the midwife-nurses who took the service out to women who were unable to attend the Mothers' or other birth control clinics. It thus offers some insight into their daily lives and professional commitment.

Overview of the life on the Caravan Clinic

The life on the travelling clinic was arduous. The midwife-nurses worked alone, away from their homes for some weeks, seemingly paying for their own food and lodgings or boarding with birth control sympathisers many of whom were members of the Women's Co-Operative Guild, ILP or British Legion. Unfortunately there is a dearth of evidence relating to this aspect of the midwife-nurses lives but occasionally there are hints at the standard of the accommodation, for example one complained of the unwholesome and unsanitary conditions that prompted her to move to another house, but generally this was not an aspect that they recorded in their reports to Stopes

The working hours of 10 a.m.- 6 p.m Monday to Friday do not appear particularly demanding at first sight. Indeed, Stopes rationale for this pattern of work, "*I always*

feel it is a great boon to have the whole of Saturday free to go into the country etc"

illustrated her somewhat unrealistic expectation of the lives of her staff.¹²⁹ However in addition to the usual clinical duties they were responsible for locating a parking site for the Caravan and negotiating a reasonable rent, a task not without its difficulties. As part of the advance publicity for the arrival of the travelling clinic they were also charged with distributing leaflets and arranging public meetings, an element of the work which assumed an increasing time commitment and importance when working on the Caravan Clinics.

The facilities on the Caravan Clinic

Although the Caravan Clinic had been designed to be as much like the main clinic as possible it obviously lacked many of the facilities. One problem identified early on was the necessity of having a waiting room. Various solutions for this were offered; these included having an extra Caravan Clinic or when based in a stable yard using a saddle room as a waiting area for the women. These and a range of other ideas were to be adopted as necessary.¹³⁰ There were also some important differences in terms of the way the midwife-nurses were able to practice. When working in the main clinic, women with gynaecological abnormalities had ready access to the visiting consultant; on the Caravan Clinic the midwife-nurses had no choice but to recourse to referring women to the district nurses and local doctors an endeavour which met with varying success. In particular the physical condition of the women in the Swansea Valley caused much concern; they were described as suffering from the effects of repeated childbearing often manifesting in a prolapsed uterus. The midwife-nurses remarked that the women did not receive much attention from the local doctors which supports the

comments made by the visiting consultant in the London clinic, Maude Kerslake that many of the women she had seen at the London Clinic had been failed by the doctors.¹³¹ Alternatively the midwife-nurses had to be innovative in their approach towards the contraceptive method offered. On occasions the only method of contraception that the midwife-nurses felt able to recommend was a large sponge, which could be purchased at Woolworth's and then made into a pessary with netting as a cover.¹³² I turn now to the numbers of women who sought assistance from the Caravan Clinic.

Numbers accessing the Caravan Clinic

In the first months that the Caravan Clinic was in service the numbers accessing it were reported as disappointing. In July 1927, midwife-nurses Cook and Jones sent a report from Maryland Street in Stratford E15 noting that although they had seen several mothers and some young husbands they had fitted a cap on only one mother. It is clear from the correspondence that this woman had been sent to the clinic as a "*plant*" to be used as an example so that she could go back to other mothers in the Labour Party Women's Section and encourage them to follow her example. There are no details in the documents to show how this had been arranged, but it demonstrates the lengths to which the parties involved would go to in order to encourage attendance at the clinic and the use of birth control.¹³³ Two weeks later the nurses reported that they had still had only two fittings. They thought that this could be because the Caravan was parked in the stable yard and that the women disliked "*facing men in the stable yard*" an assumption later proved to be correct. They appealed to Stopes for some suggestions on how to improve on the numbers; a note in the margin of the letter indicates that she had predicted that the locality would be a problem and that they try another site.¹³⁴

Certainly some women were too shy or frightened to attend and husbands came to the clinic on their behalf; the wives were described as religious or reluctant to visit during daylight hours.¹³⁵ Such reticence was also noted by the other clinics. The Walworth Clinic was also aware that women were deterred from entering the premises because of jeering directed at them from workers at an adjacent factory.¹³⁶ However this was not the only problem that seemed to be affecting attendance. It was revealed in a later report that a nearby clinic '*The Parents' Clinic for Discretionary Birth Control and Social Welfare*' founded by Rose Witcop and based at 199, Plashet Road, had a poor reputation among the women.¹³⁷ Nurse Jones gained this information from a visit made to Oxford Road, a poor street where rent was ten shillings a week for two rooms. It was full of large families with nine and more children. She reported that three of the young mothers had been to the aforementioned clinic and had been fitted with the '*Pro Race*' cap but all of them had become pregnant. Nurse Jones asserted that the nurse in the Plashet Road clinic was not capable although she avoided voicing this opinion to the mothers. She had identified that one of the women who had had four babies, the first of which had weighed ten pounds, had been fitted with a size one '*Pro Race*' cap which the mother reported had "*dropped off*". The presumption was that it had not been fitted correctly and there had been insufficient instruction from the nurse in attendance. Unfortunately their experiences at the Plashet Road clinic had engendered some scepticism among the women regarding the methods used at the Caravan Clinic. However there was more success with the next site in Wellesley Road in Walthamstow; the use of a new detachable sign replacing a small handwritten one, producing an increase in numbers.

Overall the numbers accessing the Caravan Clinics cannot be assessed accurately from the documentary sources. Although Stopes produced a report on the first ten thousand cases, she did not include those women seen at the Caravan Clinic.¹³⁸ However, what can be deduced is that although Stopes had expressed enthusiasm about the need for the Caravan Clinic, the reports written by the midwife-nurses present a varied picture and suggest that initially at least the women were reluctant to attend.

It is difficult to identify a rationale as to why those who attended chose to come to the clinic. Gittens has suggested that personal recommendation was an important source of information for many women from the working classes. While this would seem likely for the London Mothers' Clinic, it seems problematic when examining the Caravan Clinic. Fryer has estimated that by 1930 35,000 women had attended a birth control clinic, with the majority coming from the working class.¹³⁹ Lewis has suggested that the falling birth rate and high abortion figures demonstrated that women were anxious to be able to control their own fertility while perhaps not openly supporting the campaign for birth control.¹⁴⁰

Support and Opposition

Safety was an ongoing issue and birth control clinics in general were a target, for example in Birmingham, nurses endured verbal abuse and the clinic was frequently attacked.¹⁴¹ Similarly Mrs Richardson, receptionist at the Mothers' Clinic, recalled that police were needed to guard the windows from attack.¹⁴² This pervasive fear of attacks from Roman Catholics and others hostile to the birth control, led to a decision that the midwife-nurses should not go into homes for direct visits as it was deemed to be too

risky and could constitute what was described as "*a hostile trap*".¹⁴³ Nonetheless there appears to have been an element of home visiting to previous clients to collect data on the efficacy and use of the prescribed method. Whether these were simply "*doorstep*" visits is unclear but there do not appear to have been any hostile incidents during the course of such encounters. Not all those in opposition had any particular religious affiliation. Naomi Jones writing from the Caravan in Stratford East London reported a meeting that she had had with a "*beastly man*" who was "*interfering*" with the work of the clinic although actual details of this are not supplied. Nonetheless Jones confronted the man and argued that the method they used was legal.¹⁴⁴

While any opposition appeared to be to the mission of the Caravan rather than to the midwife-nurses personally, it did create extra challenges and difficulties for the staff. This sometimes took the form of strategies designed to thwart the use of some sites for parking the Caravan. In Leeds the local corporation tried to fix a rent of £5 per week for the Caravan site. This grossly exceeded the usual charge of 2/6d and was obviously a ruse designed to discourage the visit. Nevertheless, the local press reported favourably on the service provided by the Caravan, praising the two friendly nurses who were waiting to "*preach the new gospel of birth control to the men and women of Leeds*".¹⁴⁵ In fact local newspapers provided a useful source of information to gauge the response to the service. The arrival of the Caravan made front page news in the July 27th edition of the Manchester '*Sunday Chronicle*'. The news story identified that the Caravan Clinic was on tour and that it was staffed by skilled nurses. In attempting to present a balanced view they also published a letter in the same edition from a woman describing herself as a mother, priests' wife, and holder of a nursing certificate with experience of

work in the slums. She complained vociferously that birth control was wicked and immoral.¹⁴⁶ *'The Leeds Mercury'*, under the headline "*Anxious women who seek advice*", also gave a very supportive account of the service provided by "*the two friendly nurses*" and gave details of the case of a 35 year old woman with five children. Following her consultation she was said to have left the Caravan feeling very happy. Whatever people may think, went on the article, anxiety is left behind. It was also identified that childless women were also able to obtain advice.¹⁴⁷

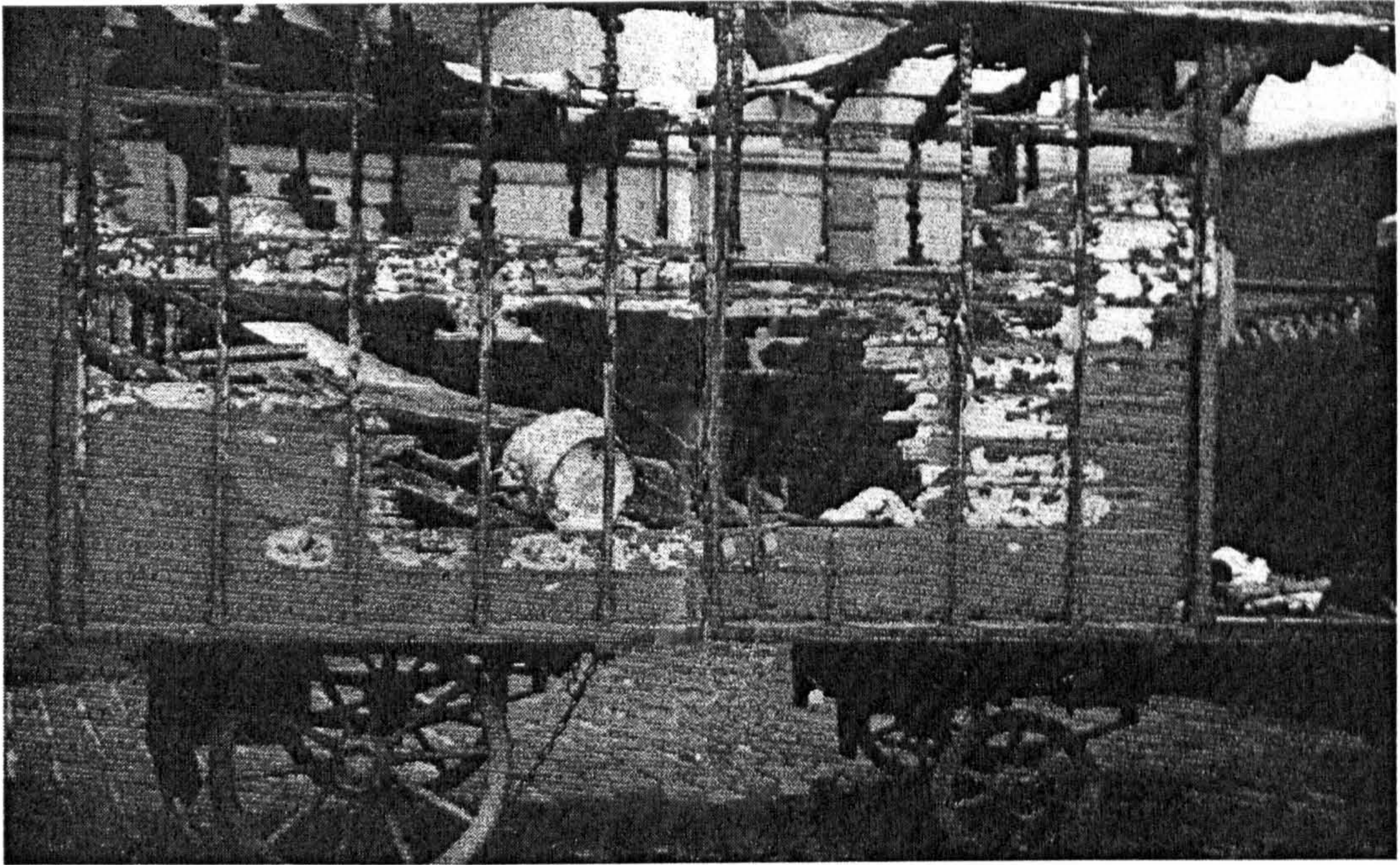
The police were occasionally involved in incidents with the Caravan. Sometimes this attention was officious as that experienced by Nurse Cook in November 1927 who reported that she had had a visit from the police who instructed that the name and address of the organisation must be displayed on the van.¹⁴⁸ However on a more light-hearted note in 1928, because of an objection to the presence of the Caravan by the landowner, a policeman was dispatched to ensure that it moved to another parking space. The policeman did his duty and then took the midwife-nurse aside and quietly told her that his wife wanted to attend the clinic.¹⁴⁹ Similarly other reports indicated that the police were often helpful; in another area the police had to move on the Caravan but while doing so also recommended another parking place and assisted the midwife-nurses in relocating the van.¹⁵⁰ Opposition was encountered at meetings too. In Bethnal Green Town Hall, a Mr Ellison accused all women using birth control as turning themselves into prostitutes.¹⁵¹

The most serious and eventually most profitable opposition to the cause was the destruction of the first Caravan in November 1927 while on a visit to Bradford; at the

time it was staffed by Nurse Williams and Nurse Cook. “*Arson replaces argument*”, thus did the heading in the ‘*Birth Control News*’ report the loss of the Caravan; as prophesied by Bertram Talbot it was destroyed by a fire. The person responsible for the attack was Elizabeth Ellis, a confectioner described by Stopes as an “*unmarried Roman Catholic*”.¹⁵² Ellis attempted to set fire to the Caravan on two occasions; the 16th and 24th of November. For the first abortive attempt, she was fined ten shillings but the second attempt resulted in irreparable damage to the van variously estimated at £200-£300.¹⁵³ A photograph of the Caravan after the fire shows the extent of the damage; only the chassis remained intact; the wooden roof and walls were left as a burnt out shell (see Figure 6.2).

The evidence against Ellis was overwhelming and indeed, she had not attempted to conceal her actions. She had openly purchased a two-gallon can of petrol from a local garage and witnesses testified that she was observed near the Caravan shortly before it caught fire.¹⁵⁴ At her trial, her counsel described her as a woman of high ideals and religious temperament. She stated that she had no personal ill-will against the midwife-nurses, but thought that birth control was likely to encourage immorality and prostitution. Seemingly motivated by her Roman Catholic beliefs, her main aim had been to destroy literature carried on the Caravan among them copies of ‘*Married Love*’, which she described as filthy.¹⁵⁵

Figure 6.2 The remains of the Caravan Clinic following the arson attack in 1927.



Source: Stopes-Roe H.V. with Scott I. *Marie Stopes and Birth Control; Pioneers of Science and Discovery*. London: Priory Press Ltd; 1974.

The effect of the fire on Nurse Ellen Williams was profound; Stopes described her as suffering a nervous breakdown. A note from a doctor to that effect had been received in the Mothers' Clinic and it was decided that Nurse Williams needed a prolonged rest. Stopes wrote her a sympathetic letter advising that she take a holiday once the court case was completed and that she would then take charge of one of the new Caravans working with a recently trained nurse.¹⁵⁶ The only apparent effect on Nurse Cook was the loss of her coat. She was compensated by Stopes with a cheque for £5, although she had only asked for the sum of £3 17s, describing the coat as part-worn.¹⁵⁷

The fate of Ellis is documented in the archives; she was sentenced to three months imprisonment. Stopes having spent four days at the Assizes bemoaned the waste of time and energy that the destruction of the Caravan had caused. However the incident

also offered an opportunity to produce massive publicity for the cause, and it was an opportunity not wasted by Stopes. A letter was sent to the editors of 12 national and local newspapers outlining the circumstances surrounding the destruction of the Caravan Clinic and the work undertaken by the midwife-nurses.¹⁵⁸ Whether this generated any funds is unclear as it was largely due to the generosity of a Bradford resident that the “*Caravan rose phoenix like from the ashes*”. This enabled the service to be more widely available and routes were planned to take one Caravan to the North of the country and the other to the South Wales coalfields.¹⁵⁹ The maps on the following pages identify the coverage of the birth control service once the two vans were in operation.

Other opponents operated in a more subtle way. A notice for a meeting was omitted from the local newspaper the ‘*Sheffield Telegraph*’. When confronted by Nurse Shears the editor blamed the wife of one of the directors citing the fact that she was an ardent Roman Catholic. While on the surface he had appeared sympathetic to their cause Nurse Shears was in little doubt that he was not as informed nor as liberal as he tried to appear. He had “*flung the charge of immorality at me as if the world was pure and undefiled and we were introducing sin*”. This suggested that it was the editor who was responsible for censoring the inclusion of the notice and subsequent report. This I feel demonstrates not only the commitment of the midwife-nurse to defending the service but is illustrative of the wide range of sometimes difficult tasks they undertook outside of their clinical remit.¹⁶⁰

Routes and distances

As previously identified in chapter five, the first Caravan started touring in the summer of 1927 first occupying a parking space in Bethnal Green on municipal land adjacent to the Public Library. The plan was to take the Caravan through the East End of London on the 5th or 6th July and spend the summer months visiting South Wales. This appears to have been a compromise to the original plan that originally placed the Caravan in London for its first months.¹⁶¹ The maps on the following pages (see Figures: 6.3-6.10) demonstrate the areas visited by the Caravans and the accompanying tables identifies the venues and approximate length of stay.

The maps illustrate that the Caravans travelled extensively by road, although occasionally using the rail network to accommodate some of the longer journeys. Similarly the time spent at each venue can be assessed, although in some instances this has to be estimated, as actual dates were not always included in the documentary sources. However, what this does illustrate is that a length of stay of four weeks which is often quoted is far from accurate. Indeed although Stopes used this time scale herself in her publications it was not based on fact. Other authors appear to have simply accepted this and have then repeated this time scale in their own work. The time spent at each venue in fact ranged from a few weeks to several months.

Figure 6.3 Routes taken by the Caravan Clinic 1927

1927		
<i>Approximate Arrival Date</i>	<i>Place</i>	<i>Position</i>
June 6 th	Bethnal Green	Adjacent to the Public Library
July 19 th	54 Maryland St Stratford E15	Stable Yard
September 14 th	Wellesley Rd Walthamstow	Near Mark house Road
November 5 th	Croxley Green Hertfordshire	Not recorded
December 5 th	Beaconsfield	The Grange
December 10 th	Reading	Castle Street



Figure 6.4 Routes taken by the Caravan Clinic 1928

1928		
<i>Approximate Arrival Date</i>	<i>Place</i>	<i>Position</i>
January 21 st	Hackney	Teall street
March	Bethnal Green	Adjacent to Public Library
May	Caravan transported to Leeds via rail	Not recorded
May	Leeds	13 Fenton Street
June 1 st	Leeds	Queen Street
September	Stanningley Near Leeds	Barnsfield
October 20 th	Bradford	Florence Street

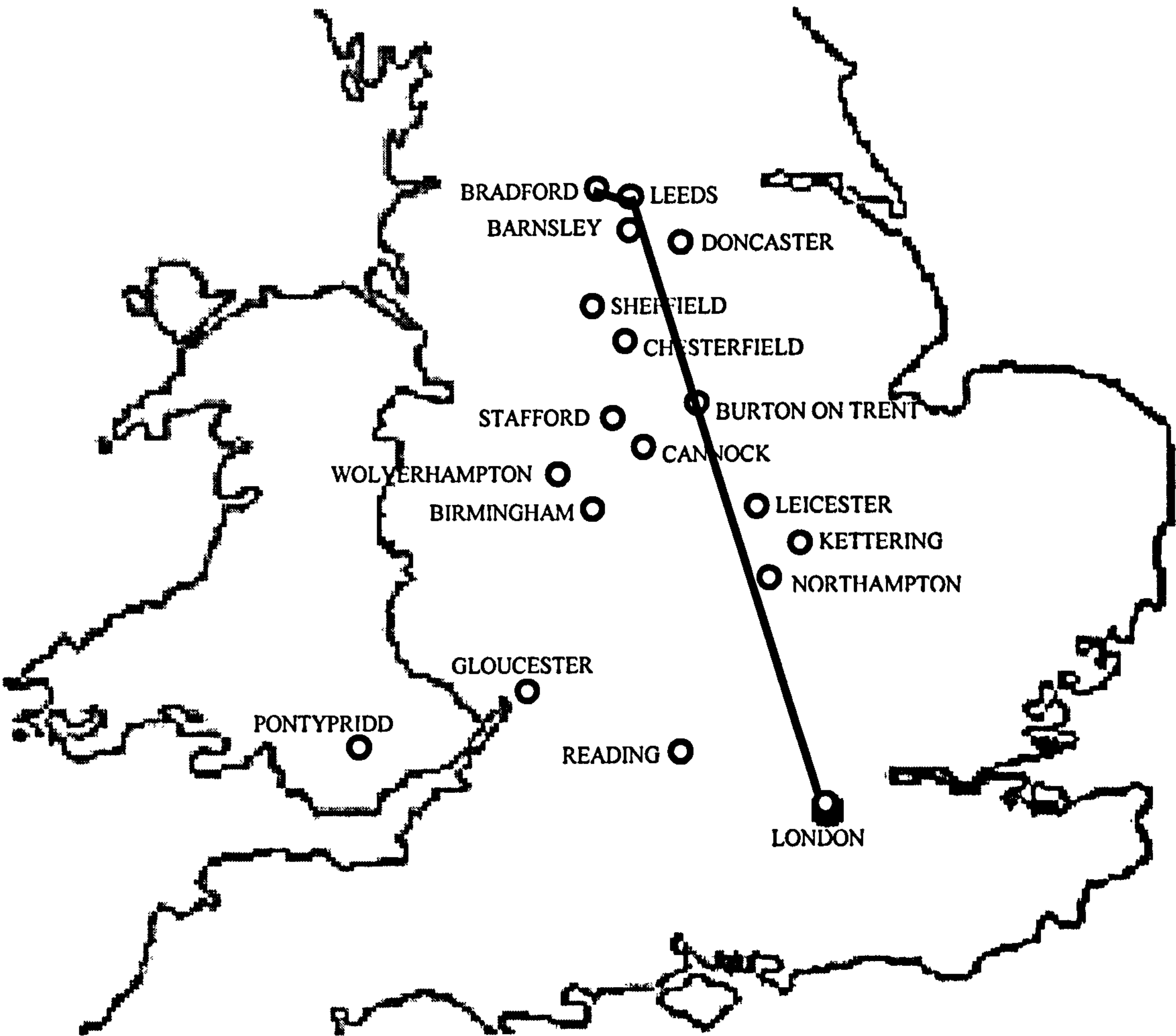


Figure 6.5 Routes taken by the Northern based Caravan Clinic 1929

1929		
<i>Approximate Arrival Date</i>	<i>Place</i>	<i>Position</i>
March	Leeds	Fenton St
April 3 rd	Doncaster	Not recorded
August	Doncaster (parked)	Not recorded
October	Wakefield	Not recorded
November	Sheffield	Hillsborough



Figure 6.6 Routes taken by the Southern based Caravan Clinic 1929

1929		
<i>Approximate Arrival Date</i>	<i>Place</i>	<i>Position</i>
Feb 20 th	Plumstead	Maybloom Club
March	Portadowe	Not recorded
April 21 st	Swansea valley	Not recorded
June 8 th	Portadowe	Not recorded
June 20 th	Ystalfera	The bird in the hand field
July 17 th	Port Talbot	Opposite the GWR station
August	Briton Ferry	Not recorded
September	Cymmer	Not recorded
October	Treorchy	Not recorded
December	Pontypridd, Trailyn	Not recorded



Figure 6.7 Routes taken by the Northern based Caravan Clinic 1930

1930		
Approximate Arrival Date	Place	Position
January	Sheffield	King James Street
February–March	Barnsley	Foundry Yard Wellington Street
April 1 st	Burton On Trent (via train)	90 Moor St
May	Burton On Trent	90 Moor St
May 20 th	Leicester	48 Regent Rd
June	Leicester	Chamois Brush Company Yard 18a Glebe St
July	Coventry	Charterhouse Motor Works yard Walsgrave Road Coventry
August	Parked in Coventry. Closed for August	
November 28 th	North Wingfield Derbyshire	Rectory Field



Figure 6.8 Routes taken by the Southern based Caravan Clinic 1930

1930		
Approximate Arrival Date	Place	Position
	Pontypridd	Rear of "Old masters"
	Aberdaire and Mountain Ash	Fairfield pavilion Ground and Market Street
April	Merthyr	Snows garage Lower High St Merthyr
May 17 th	Tredegar	Near the dirt track Park Road
	Blackwood - Monmouthshire	Morris Lane, Hugh Street Blackwood
June 12 th	Blackwood - Monmouthshire?	Provided by Grocer
July	Gloucester	Not recorded
September	Gloucester	Barnes Garage, Longsmith Street
October 10 th	Gloucester	Westgate Bridge Yard
November	Gloucester	Westgate Bridge Yard

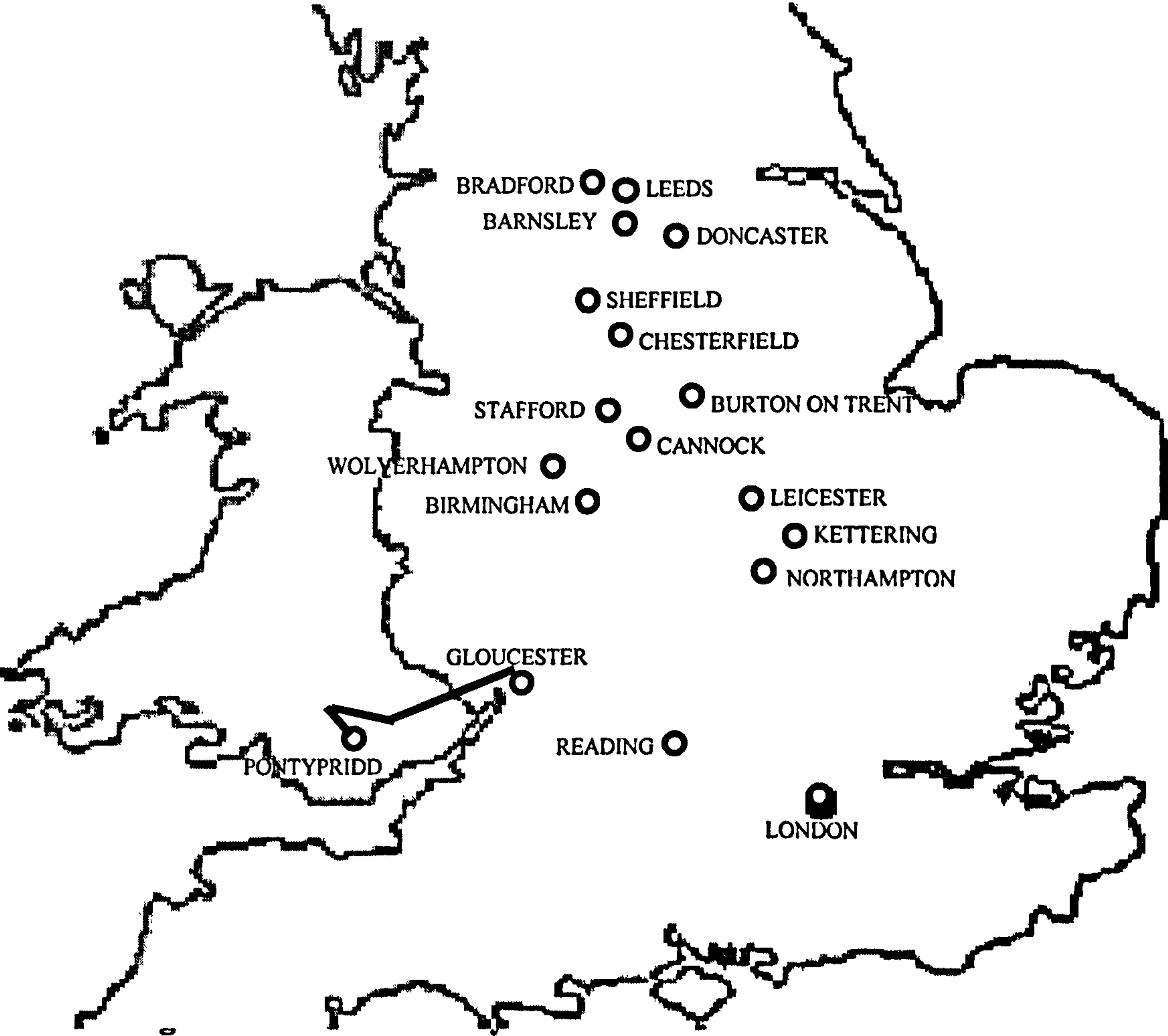


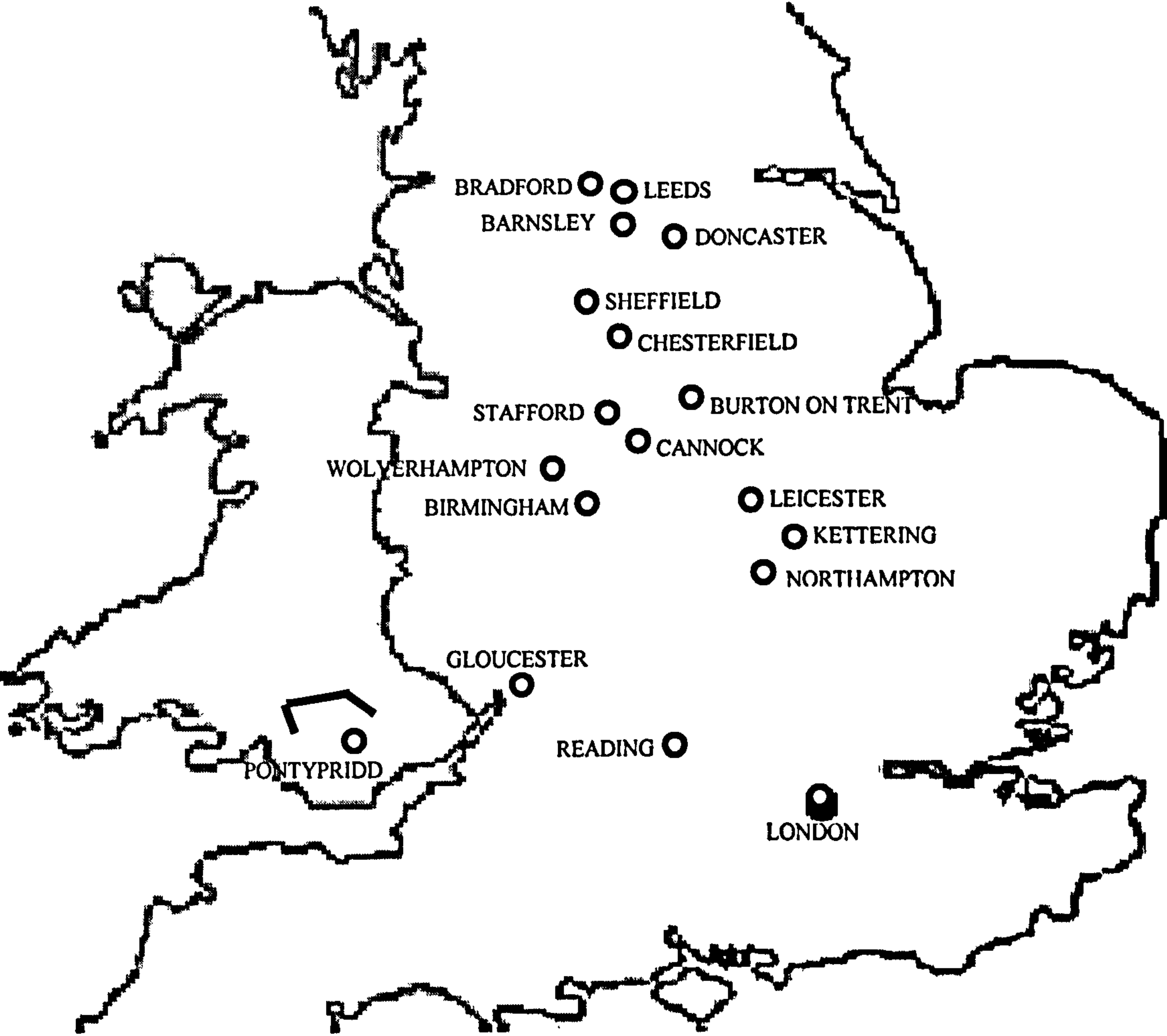
Figure 6.9 Routes taken by the Northern based Caravan Clinic 1931

1931		
<i>Approximate Arrival Date</i>	<i>Place</i>	<i>Position</i>
January 2 nd	Brambledene	Not recorded
February 3 rd	Chesterfield	Not recorded
February 13 th	North Wingfield Derbyshire	Not recorded
March	Kettering (Caravan blown over in Chesterfield. One month to repair)	128 Regent Street (restored Caravan)
May	Northampton	45 Campbell Street
August	Both closed	
September	Wolverhampton	331/2 York Street
September	Cannock	Not recorded
October	Stafford	Not recorded
November	Stafford	Rear of Rose Cottage
	Stafford	Wimblebury Farm



Figure 6.10 Routes taken by the Southern based Caravan Clinic 1931

1931		
Approximate Arrival Date	Place	Position
January	Brambledene	Not recorded
February	Briton Ferry	Not recorded
March	Aberdare	Not recorded
April	Merthyr Tydvill/Aberdare	Not recorded
May	Not recorded	Not recorded
June	Blackwood Monmouthshire	Not recorded
July	Blackwood Monmouthshire	Not recorded
August	Closed	Not recorded
September	Gloucester/Stroud	Not recorded
October	Not recorded	Not recorded
November	Not recorded	Not recorded
December	Not recorded	Not recorded



Conclusion

In this chapter I have explored the work activities within the Stopes' clinics. By comparing the *modus operandi* with that of other birth control clinics which were opened during this period I have demonstrated that the midwife-nurses working in this organisation had far greater autonomy in practice. I have suggested that if Stopes had allowed her clinics to remain a member of the NBCC she may have been able to influence the way in which the model of training for family planning nurses developed. Rather than the medically dominated training and indeed service, there could have been a more equitable distribution of roles with nurses delivering the care to those women presenting without any gynaecological abnormalities. I have suggested that the introduction of the speculum examination further entrenched the role of the doctor. However when considering the conditions for women and the lack of medical care following childbirth it can also be argued that it was a positive step for women to see a doctor at every visit.

The work on the Caravan was more demanding of the staff and they were faced with difficult and potentially dangerous situations. Nonetheless for many women living at a distance from a birth control clinic, the Caravan represented their only opportunity to seek advice. I have also identified that for many women the use or at least attempted use of abortion was an accepted part of an endeavour to control their own fertility. Stopes' public view of abortion was steadfastly supportive of the law although it has been suggested that in private she may have had some sympathy with the use of therapeutic abortion.

I have also demonstrated that both the midwife-nurses and clinics were targeted by those who were opposed to the use of birth control. While any opposition appeared to be to the mission of the Caravan rather than to midwife-nurses personally, they did create extra challenges and difficulties for the staff. This ranged from verbal abuse, various ruses to prevent the Caravan Clinic staying in the vicinity. However the most serious event was the destruction of the Caravan Clinic by an arsonist in 1928. Ironically for the opposition this prompted a local businessman to fund two new Caravans, thus allowing the service to expand.

Sexual health, with all its myriad subtexts forms part of the professional experience of many nursing, midwifery and public health nurses in the United Kingdom in the 21st century. Even so, aspects of sexual health continue to court controversy and to divide public opinion. It is thus ironic that given her public stance on abortion, the name of Marie Stopes remains to the forefront of such debates in the form of the organisation that now bears her name.

The penultimate chapter now moves on to explore additional aspects of the working lives of the midwife-nurses which I consider atypical, before exploring the relationships between the staff and Stopes and the attitude of the nursing and midwifery professions towards birth control and those who were involved in delivering the service.

1 Hall R. *Marie Stopes: a biography*. London: André Deutsch; 1977 pp. 265-266.

2 The four research questions identified for the thesis were; what were the social, medical, professional, and legal influences that contributed to the development of birth control nursing in the Marie Stopes Mothers' Clinics?; what part did the midwife-nurses play in the development of this role?; how did the role of the birth control midwife-nurses in the Marie Stopes Clinics evolve?; how did the nursing and midwifery profession view the specialism and the nurses and midwives working within it?

3 The midwife-nurses faced the moral and legal dilemma of abortion in both the London and the Caravan Clinics but it was perhaps more visible in the latter because of the evidence available in the reports submitted by the midwife-nurses to Stopes.

4 The destruction of the first Caravan in 1928 generated publicity, sympathy and enough donations to allow for a replacement and an additional Caravan. From 1928 the Caravan Clinics operated simultaneously; one in the North and the other in the South of England and Wales.

5 Stopes M.C. *Contraception-its' theory history and practice*. 5th edition. London: Putnam; 1941 p.407.

6 Stopes M.C. *Wise Parenthood: The Treatise on Birth Control for Married People, A Practical Sequel to "Married Love"*. 10th edition. London: G.P.Putnam's Sons Ltd; 1923 p.3-4; Hall R. 1978 pp. 265-266.

7 CMAC: PP/MCS /C5 Draft of advertisement sent to the *Nursing Times* 11th November 1925.

8 Stopes M.C. 1923 p.26.

9 Fisher K. Contrasting cultures of contraception: Birth control clinics and the working classes in Britain between the wars. *Clio Medica*. 2002: 66; pp.141-147; Brookes B. Women and Reproduction, 1860-1939.In: Lewis J. (ed). *Labour and Love: women's experience of home and family, 1850-1940*.Oxford: Basil Blackwell; 1986 pp. 149-171.

10 Wright H. Fifty years of family planning. *Family Planning*.1972: 21(4); pp.89-91.

11 Stopes M.C. 1923 p.30

12 This disparaging remark was seized upon and used by Dr Halliday Sutherland in his anti-birth control tome which became the trigger for the Stopes-Sutherland libel trial in 1923.

13 Interview with Jack Suchet. *Out of the Doll's House: Part 4 Mustn't Grumble*: BBC TV; 1988.

-
- 14 Stopes M.C. *Preliminary notes on various technical aspects of the control of conception based on the analysed data from ten thousand cases attending the Pioneer Mothers' Clinic London*. London: Mothers' Clinic; 1930 p.14
- 15 Stopes M.C. 1923 p.51.
- 16 Stopes M.C. 1930;The '*Mizpah*' was the American variation of the French cervical cap
- 17 Brand P. An historical study of the education and training of family planning nurses. Unpublished MSc Dissertation RCN IANE in conjunction with Manchester University; 1994.
- 18 Stopes M.C. 1941 p.333.
- 19 Stopes M.C. 1941.
- 20 CMAC: PP/MCS/C4 Letter from Marie C. Stopes to Nurse Rosina Penney Thompson 10th February 1923.
- 21 CMAC: PP/MCS/ C4 Letter from Marie C Stopes to Nurse Elizabeth Latter 14th November 1924.
- 22 Begbie E.H. *Marie Stopes: her mission and her personality. An impression portrait*. London: G.P.Putnam's Sons; 1927 p.26.
- 23 CMAC: PP/MCS/C15 Letter from Marie C.Stopes to Victor Roberts 29th April 1925.
- 24 In 1916 the midwifery training for those without nurse training was increased to six months and 4 months for those with a nursing qualification. In 1926 this was extended to one year. From 1923 the training for admittance to the Register of the GNC lasted three years.
- 25 The Capote Anglaise was described by Stopes as "*a large membranous or rubber sheath, which covered the internal female organs completely, thus acting in the same way as the male sheath by providing a barrier to the sperm*". See Stopes M.C. *Contraception* 1941 pp. 209-210. In 1992, a modern version of this contraceptive, made of polyurethane the '*Femidom*' was introduced onto the market. Guillebaud J. *Contraception. Your questions answered*.4th edition. Edinburgh: Churchill Livingstone; 2004 p.83.
- 26 CMAC: PP /MCS /C4 CBC Examination paper 21st May 1925.
- 27 Nurse Jane Furness took the examination in this way in 1925 as did Nurse Ellen Williams in 1928 and Nurse Ada Shears 1929.

-
- 28 The CMAC archives contain completed examination papers for midwife-nurses Thompson, Jones, Latter, Shears and Furness.
- 29 CMC: PP/MCS/C50 Clinic CBC Certificate. Announcement of training (undated circa 1924)
- 30 CMAC: PP/MCS/C4 Mothers' clinic various papers dated 30th September 1926.
- 31 CMAC: PP/MCS /A14/91.1 Information for NBCC Association Committee undated.
- 32 BL Add Mss 58589 CBC Executive Committee Meeting 12th February 1929 reported that a Nurse Keller had "*been no good on trial*". There was no other mention of this particular nurse in the documentary sources: Add Mss 58589 CBC Executive Committee Meeting 25th April 1929 reported the failure of one of the nurses in training.
- 33 *Birth Control News* September 1925.
- 34 PRO MH 55/289 Memorandum 153/M.C.W.
- 35 Interview with Alicia Fleming. *Yesterday's witness: Birth Control in the Twenties*: TV; 1969.
- 36 CMAC: PP/MCS A14/91.1 Information for the National Birth Control Association Committee undated.
- 37 Stopes M. C. 1930 p.18.
- 38 The National Birth Control Council (NBCC) was formed in 1930 by an amalgamation of all five voluntary birth control clinic organisations; The Birth Control Investigation Committee, the Society for the Provision of Birth Control Clinics and the Birth Control Information also joined the main body. This new organisation was renamed the Family Planning Association (FPA) on May 10 1939. Stopes left the NBCC in 1933 and thereafter continued to run her clinics independently. See Fryer P. *The Birth Controllers*. London: Transworld; 1965 p.297.
- 39 CMAC: SA/FPA/A 19/13 Training of Family Planning Nurses; Brand P. An historical study of the education and training of family planning nurses. Unpublished MSc Dissertation RCN IANE in conjunction with Manchester University; 1994.
- 40 Stopes M.C.1941 p.405; CMAC: PP/MCS/ C12 Information on private service. Undated.
- 41 CMAC: PP/MCS/C21 Letter from the Private Secretary to Marie C.Stopes to the Editor of the *Leeds Mercury* 9th July 1927.
- 42 Stopes M.C. 1930.

43 Fryer P.1965 p.280-281.

44 Wright H. 1953 p.7. From 1926 Haire also ran an independent clinic '*The Welfare and Sunlight Centre*' in Cromer Street St Pancras. See Fryer P. 1965 p.255.

Haire, Norman (1892-1952), medical practitioner and sexologist, was born on 21st January 1892 at Paddington, Sydney. He studied medicine at the University of Sydney. He worked as a surgical houseman at the Hampstead General and North West London Hospital. In 1920 he became involved in the Malthusian League and the following year was appointed medical officer-in-charge at their Walworth Women's Welfare Centre. In the inter-war years he was the most eminent sexologist in Britain. He died of ischaemic cardiac failure on 11th September 1952 in King's College Hospital. Source: Forster F. M. C. *Norman Haire (1892-1952)* Australian Dictionary of biography accessed online 12th September 2007 <http://www.adb.online.anu.edu.au/biogs/A140402b.htm>

45 CMAC: SA/HVA/07/5 On the Management of a Birth Control Centre. Evelyn Fuller 1926; Court A. and Walton C. *Birmingham Made a Difference*. Birmingham: Barn Books; 2001.

46 BL Add Mss 58621 Letter from Nurse Jones to Marie C. Stopes 26th August 1927; The title of the Plashet Road Clinic was '*The Parents Clinic for Discretionary Birth Control and Social Welfare*'. It was established by Rose Witcop, partner and later wife of Guy Aldred.

47 BL Add Mss 58589 Meeting of the Society for Constructive Birth Control 22nd November 1928.

48 CMAC: PP/MCS/C15. Letter from Marie C. Stopes to Victor Roberts 12th December 1924.

49 Stopes M.C. *The First Five Thousand*. London: Bale and Danielsson; 1925; Stopes M.C.1930.

50 Stopes M.C. 1930.

51 Stopes M.C. 1930.

52 CMAC: SA/HVA/07/5 Patient record card from the Walworth Clinic dated 1926; Brand P. An historical study of the education and training of family planning nurses. Unpublished MSc Dissertation RCN IANE in conjunction with Manchester University; 1994.

53 Stopes M. C.1925.

54 A miscellany of other clinics was also operating at this time for example that run by Rose Witcop. This led Stopes to complain bitterly of the untrained individuals providing incorrect advice and appliances to the unsuspecting women who went to them for assistance, a concern also shared by the midwife-nurses.

55 Rice, Margaret Lois Spring read moral sciences at Girton College, Cambridge from 1907 to 1910. She married Captain Charles Edward Coursolles Jones in 1911 and had two children. She was widowed in 1916 and married her second husband (Edward) Dominick Spring Rice 1919 by whom she had another two children. Rice and her second husband divorced in 1936. Spring Rice became increasingly engaged in public work in the interwar period and was heavily involved North Kensington birth control clinic as its first chairman. She was particularly renowned for her work which exposed the health and social conditions of women from the working classes. She continued her work with the North Kensington clinic until 1958. She died from pneumonia in Aldeburgh Cottage Hospital on 21 April 1970. Source: Author Margaret Lois Spring Rice (1887–1970) Oxford Dictionary of National Biography accessed online 30th August 2007 <http://www.oxforddnb.com>; Court A. and Walton C. 2001; Fryer P.1965.

56 Court A. and Walton C. 2001 p.6-7.

57 Stocks M. *My Commonplace Book*. London: P. Davies; 1970 p.160.

58 PRO MO 52/177 Letter from James Fenton MD DPH MoH to A.B.McLachlan Ministry of Health. 11th March 1931

59 CMAC: SA/FPA /NK 209 Report of Doctors Conference 22nd July 1929.

60 CMAC: SA/HVA/07/5 On the Management of a Birth Control Centre. Evelyn Fuller 1926.

61 CMAC: SA/FPA NK 9 Notes on Birth Control Societies 1936.

62 Stopes M.C. *Contraception* 1941 pp.437-439.

63 Stopes M.C. *Birth Control Today A Practical handbook For Those Who want To Be Their Own Masters In This Vital Matter*. London: John Bale, Sons & Danielsson Ltd; 1934 p.179.

64 BL Add Mss 58622 Letter from Nurse Ada Shears to M.C. Stopes 28th January 1930.

65 In current clinical practice the same reasons are often given by women for not using the diaphragm, vault or cervical cap.

66 Stopes M.C. 1925 p.42.

67 Florence L.S. *Birth Control on Trial*. London: George Allen and Unwin Ltd; 1930; Himes N. E. *Medical history of contraception*. New York: Schocken Books; 1970 p. 63.

68 Box M. (ed). *The trial of Marie Stopes*. London: Femina Books; 1967 p.133.

69 Parkes A.S. King D. The third Marie Stopes memorial lecture. The Mothers' Clinic. *J.Biosoc.Sci.* 1974 April: 6 (2):162-182; Stopes M.C. 1930 pp.24-26.

70 CMAC: PP/MCS/C12 Letter from Rosina Thompson to Marie C. Stopes 26th August 1924.

71 Court A. and Walton C.2001 p.7.

72 BL Add Mss 58596 Letter from Marie C. Stopes to Nurse Maud Hebbes 20th June 1921. For reasons of confidentiality I have not identified the woman concerned. The outcome of her pregnancy is not recorded.

73 Alec Bourne, Consultant Gynaecologist terminated the pregnancy of a 14 year old girl who had been raped. He did so on the grounds that her mental health would suffer if she was forced to continue with the pregnancy. As only pregnancies which would potentially cause physical harm to the mother were allowed to be terminated this was technically illegal He informed the police of his actions, was charged and put on trial. He was acquitted and this set a case-law precedent.

74 Briant K. 1962 p.147.

75 Stopes M.C. 1923 pp.10-11.

76 Stopes M.C. *A Letter to Working Mothers On How to Have Healthy Children and Avoid Weakening Pregnancies*. 2nd edition London: Mothers' Clinic; 1923.

77 Stopes M.C 1923 p.7.

78 Petchesky R. P. *Abortion and Woman's Choice: The State, Sexuality and Reproductive Freedom*. Boston: North Eastern University Press; 1991 p.276.

79 Stopes M.C 1923 pp.7-9.

80 CMAC: PP/MCS/C4 Letter from Marie C.Stopes to Nurse Maud Hebbes 27th February 1921.

81 Stopes M.C. *Contraception-its' theory history and practice*. 5th edition. London: Putnam; 1941 pp.414-415.

82 Marks L. *Metropolitan Maternity: Maternal and Infant Welfare Services in Early Twentieth Century London*. Amsterdam-Atlanta G.A: Rodopi B.V; 1996.

83 Stopes M.C. 1941.

84 Stopes M.C. Positive and Negative Control of Conception in its various technical aspects. *Reprint from the Journal of State Medicine*.1931: XXXIX (6); A.R.Elliot Publishing Co; 1931 pp. 354-360.

85 Maude A. *Marie Stopes: her work and play*. 2nd edition. London: Peter Davies; 1933 p.216.

86 BL Add Mss 58597 Report from the National Detective Agency 14th February 1928.

87 Maude A. 1933 p.216.

88 BL Add Mss 58621 Letter from Marie C. Stopes to the Chief of Police of Burton-on-Trent 1st April 1930.

89 Hall R. (ed). *Dear Dr Stopes: Sex in the 1920s*. London: André Deitch; 1978 p.123.

90 Hall L. Marie Stopes and her correspondents: Personalizing population decline in an era of demographic change. In: Peel R.A. (ed). *Marie Stopes, Eugenics and The English Birth Control Movement*. London: The Galton Institute; 1997 pp.27-48.

91 CBC Bulletin Number 7 (undated).

92 Donnison J. *Midwives and Medical Men. A History of the Struggle for the Control of Childbirth*. New Barnet and London: Historical Publications Ltd; 1988. pp. 135-136.

93 See for example the *British Journal of Nursing*. Central Midwives Board. *British Journal of Nursing Supplement*. 1917 Aug 4th: LIX (1,581); p.80 which refers to the cases of Annie Belshaw (CMB No. 33318) and Harriet Eliza Garnett (CMB 34531).

94 *British Journal of Nursing*. The restriction of noxious drugs. *British Journal of Nursing Supplement*. 1916 Oct 14th: LVII (1,489); p.324.

95 Ministry of Health. *Interim Report of the Interdepartmental Committee on Maternal Mortality and Morbidity*. London: HMSO; 1930.

96 Ministry of Health Committee on Maternal Mortality and Morbidity 1928.

97 Ministry of Health and Home Office. *Report of the Inter-Departmental Committee on Abortion*. London: HMSO; 1939 p.vi.

98 Ministry of Health and Home Office 1939 p.37 and p.13.

99 Ministry of Health and Home Office 1939 p.11.

100 Simms M. Midwives and Abortion in the 1930s. *Midwife and Health Visitor*. 1974 May: 10; pp.114-116.

101 Interview with Elizabeth Sutherland. *Out of the Doll's House: Part 4 Mustn't Grumble*: BBC TV; 1988

102 Gittens D. Married Life and Birth Control between the Wars *Oral History*. 1975 Autumn: 3 (2); pp.53-64; Gittens D. Women's work and family size between the Wars. *Oral History. Women's History Issue*. 1977:5 (2); pp 84-100.

-
- 103 *British Journal of Nursing*. National Baby Week Council. Provision for Maternity. *British Journal of Nursing* 1918 June 1st: LX (1,574); p.393.
- 104 *British Journal of Nursing*. National Conference on Infant Welfare. *British Journal of Nursing* Supplement. 1919 May 24: LX11 (1,625); p.362.
- 105 Fisher K. 2002 p.149.
- 106 Hall L.A. Stopes and her correspondents. In: R.A. Peel (ed). *Marie Stopes Eugenics and the English Birth Control Movement*. London: The Galton Institute; 1977 pp.35-36.
- 107 Davey C. Birth Control in Britain during the Inter-war years: evidence from the Stopes' correspondence. *Journal of Family History*.1988:13 (3); pp. 329-345.
- 108 Stopes, M.C. (ed). *Mother England. A contemporary history*. London: John Bale, Sons & Danielsson Ltd; 1929 p.184-187.
- 109 Stopes M.C. 1929 p.34.
- 110 Stopes M.C. 1929 p.50 and p.75.
- 111 Anon. Correspondence column and Editors note. *Birth Control News*. May 1924 p.2.
- 112 CMAC: PP/MCS/ H7 Notes on Caravan (undated).
- 113 BL Add Mss 58621 Letter from Nurse Ada Shears to Marie C.Stopes 7th May 1929.
- 114 CMAC: PP/MCS/H7 Letter from Nurse Marion Cook to Marie C.Stopes 24th February 1928.
- 115 BL Add Mss 58621 Letter from Nurse Marion Cook to Marie C. Stopes 2nd December 1928.
- 116 CMAC: PP/MCS/H7 Notes on Caravan (undated).
- 117 CMAC: PP/MCS C17 Draft of letter written by Mare C. Stopes to be sent to the Editor of the *Leeds Mercury* (undated).
- 118 Draft letter prepared by Marie C. Stopes to be sent to *The Times*.
- 119 Fisher K.2002 p.149.
- 120 CMAC: PP/MCS D16 Requests for speakers at meetings 1921-1925;BL Add Mss 58596 Letter from secretary of the Women's Citizen Association to the Mothers' Clinic. 26th June 1923.

-
- 121 CMAC: PP/MCS/ D16 Letter from Nurse Naomi Jones to Marie C. Stopes 1st December 1925.
- 122 BL Add Mss 58621 Letter to Marie C. Stopes from Nurse Ada Shears 7th May 1929.
- 123 CMAC: PP/MCS/ C50 *Birth Control News* May 1924.
- 124 BL Add Mss 58597 Letter from Nurse Ada Shears to Mrs Bootle 10th November 1929.
- 125 *Northamptonshire Evening Telegraph* "Healthier Children Wanted" 26th February 1931 p.4
- 126 *Northamptonshire Evening Telegraph* 1931 p.4.
- 127 CMAC: PP /MCS /C21 Letter from Marie .Stopes to Nurse Ellen Williams 9th May 1931.
- 128 In June 1924 a Mr Watkins from Lamberts asked the clinic for an opinion on an American intrauterine device a called a "Wishbone" pessary; on the 18th January 1924 Nurse Thompson set up a test for a new rubber pessary.
- 129 BL Add Mss 58621 Letter from Marie C. Stopes to Nurse Ellen Williams 12th May 1928.
- 130 BL Add Mss 58621 Letter from Ian MacDonald Horrobim to Marie C. Stopes 23rd May 1927.
- 131 CMAC: PP/MCS/C12 Cases seen since 1923. Dr Maude Kerslake.
- 132 BL Add Mss 58621 Letter from Nurse Ellen Williams to Marie C. Stopes 24th May 1927.
- 133 CMAC: PP/MCS/C19 Letter from Nurse Marion Cook and Nurse Naomi Jones to Marie C. Stopes 19th July 1927.
- 134 BL Add Mss 58621 Letter from Nurse Naomi Jones to Marie C. Stopes.
- 135 BL Add Mss 58621 Letter from Nurse Ellen Williams to Marie C. Stopes 2nd May 1927.
- 136 Fryer P. 1965 p.357.
- 137 The title of the Plashet Road Clinic was 'The Parents Clinic for Discretionary Birth Control and Social Welfare'. It was established by Rose Witcop partner and later wife

of Guy Aldred. They were prosecuted in 1923 for publishing Margaret Sanger's leaflet '*Family Limitation*'.

138 Stopes M.C. 1930.

139 Fryer P. 1965 p. 284.

140 Lewis J. *Politics of Motherhood: Child and Maternal Welfare England, 1900-1939*. London: Croom Helm; 1980 p.96.

141 Court A. and Walton C. 2001 p.8.

142 Interview with Mrs Richardson. *Yesterdays' witness transcript. Birth Control in the Twenties*. 21st April 1969.

143 BL Add Mss 58621 Letter from Marie C. Stopes to Nurse Ellen Williams 1st May 1929.

144 BL Add Mss 58621 Letter from Nurse Naomi Jones to Marie C. Stopes 26th August 1927.

145 *Leeds Mercury* 23rd June 1928 p.1.

146 *Sunday Chronicle* 24th July 1927 p.1 and p.7.

147 *Leeds Mercury* 23rd June 1928 p.3.

148 BL Add Mss 58621 Letter from Nurse Marion Cook to Marie C. Stopes 15th November 1927.

149 *Birth Control News* January 1928 p.2.

150 CMAC: PP/MCS/70/H7 Notes on Caravan (undated).

151 CMAC: PP MCS C50 *Birth Control News* March 1928 p.2.

152 *Birth Control News* December 1928 p.1.

153 Stopes-Roe H.V. with Scott I. *Marie Stopes and Birth Control; Pioneers of Science and Discovery*. London: Priory Press Ltd; 1974 pp.62-63; BL Add Mss 58621 Letter from Marion Cook to Marie C. Stopes in which she expressed her regret that the presiding Judge was also a Roman Catholic 2nd December 1928.

154 *Birth Control News* 1927 p.1.

155 Maude A. 1933.

156 BL Add Mss 58621 Letter from Marie C. Stopes to Nurse Ellen Williams 28th November 1928.

157 CMAC: PP/MCS/70/H7 Letter from Marie C. Stopes to Nurse Marion Cook 4th December 1928.

158 BL Add Mss 58621 Letter from Marie C. Stopes to the Editors of National Newspapers December 1928.

159 *Birth Control News* May 1929 p.10.

160 BL Add Mss 58621 Letter from Nurse Ada Shears to Marie C. Stopes 15th November 1927.

161 BL Add Mss 58621 Letter from Marie C. Stopes to May Edmunds 24th June 1927.

Chapter Seven: Rapport, relationships and opinions

Introduction

So far in this thesis I have explored and discussed the background to the establishment of the birth control clinic in London and the Caravan Clinics. I have outlined the work undertaken by the midwife-nurses under the influence of Marie Stopes and her particular approach to eugenics. This chapter now moves on to explore some additional aspects of working in these clinics, which I suggest once more reflect the obsessions of its patron. The obsessions to which I refer are Stopes' frequent involvement with the law, both civil and criminal; her protectiveness of the clinic; her need to know what others were doing and the fear of organised campaigns against her by the Roman Catholics. All of these impacted on the midwife-nurses and in some instances involved the staff in activities that would in normal circumstances be regarded as out with the usual remit of professional staff. Thus under the heading of "*Subterfuge and spying*" I will explore the strategies employed to both guard the work of the Mothers' Clinic and obtain information about the work of other organisations. In the section "*Encounters with the law*", I will explore the role of the midwife-nurses in some of the civil and criminal proceedings.

The penultimate section of this chapter will examine relationships between Stopes and her staff and among the staff themselves. While not disputing that Stopes was well known for being difficult and at times outrageous, and indeed this will be confirmed in this chapter, at times she also demonstrated another more caring side in her dealings and communications with the staff. The realities of the relationships and the tensions

between the staff have not been explored previously and will add another dimension to the discussion.

The final section will focus on the attitudes of nurses and midwives at a macro and micro level towards birth control and the work of the clinic. This is addressed under the broader heading of “*Opinions*” and aims to provide a summary of “*the voice of the profession*” by drawing upon the oral history and documentary evidence.

Spying and subterfuge

This will cover two areas, both of which are a reflection of Stopes’ obsessions. The first concerns what she perceived to be an organised campaign against her and the clinic by members of the Roman Catholic Church and the need to guard against potential infiltrators. The second centres on her need for information on the way in which the other voluntary organisations were delivering the services in their clinics. Such information was then used to argue that the way in which the Mothers’ Clinic worked was superior. Additionally, although she always maintained that the other clinics were inferior, she feared that they would try to discover how the Mothers’ Clinic functioned in order to emulate the work in their own establishments. This led to the midwife-nurses undertaking activities which I will suggest went far beyond the scope of their usual duties and which I refer to as “*atypical practice*”.

Early on in her employment, Hebbes was warned by Stopes to be on her guard as she suspected that the Mothers’ Clinic would be subject to visits from opponents following adverse publicity in the Roman Catholic newspaper ‘*The Universe*’. Because the editor

had promised a full enquiry into the Mothers' Clinic, Stopes feared that the clinic might be visited by those seeking evidence to use against her and the organisation. Nurse Hebbes was instructed not to answer any questions from any visitors to the clinic, but to refer the inquirer to Stopes or Dr Hawthorne.¹ The Roman Catholics continued their protests against birth control and in June 1921 Stopes again cautioned Hebbes that she had heard that the Roman Catholics were sending '*spies*' who would pretend to be friendly on the guise to try to find out how many Health Visitors and others had been visiting the clinic; presumably in order to report them to their employers. In fact Hebbes had not received any such visits, but reassured Stopes that she would not divulge names to any enquirers.

It has been suggested that Stopes had paranoia about persecution from the Roman Catholic Church but there is some evidence that identifies that not all of her fears were unfounded. Her belief that there was a carefully orchestrated campaign against her had been vindicated to some extent by Lord Justice Scruton in his summing up of the libel case between Stopes and Dr. Sutherland, a Roman Catholic. The Judge revealed that several members of the court had been receiving anonymous letters in support of Dr. Sutherland in a carefully a co-ordinated campaign.²

Exploring the work of other clinics

Soloway has identified that Stopes safeguarded her clinic and often criticised the approaches of other organisations for the way they delivered their birth control services.³ In ascertaining what was happening in other areas it appears that she may have called upon her staff to undertake "*atypical practices*" including visits to "*spy*" on

the opposition; missions they undertook incognito. There are several examples upon which to draw, the first concerning the clinic operated by the Health Visitor, Miss E.S. Daniels.

The case of Miss E.S. Daniels in 1922 highlighted the difficulties experienced by health and welfare workers who wanted to offer birth control information to their clients.⁴ Following her dismissal for “*gross insubordination*” it seems that Miss E.S. Daniels embarked to Holland to learn about birth control methods and on her return opened her own birth control clinic. Ever needing to monitor the opposition Nurse Latter was despatched to inspect the clinic while posing as a client. She duly reported back to Stopes noting that the clinic was in Crouch End and was not advertised as a birth control clinic but that the plate on the door simply said “*Chiropody*”. She had been greeted kindly by Daniels who proceeded to explain the methods used in her clinic; the Dutch cup, the whirling spray and syringe. Lysol, soap and water were recommended as spermicides. The premises were described as clean and following a consultation Daniels recommended the Dutch cap for her “*client*” an offer Latter managed to decline, using the excuse that it was not convenient for her to have it fitted that day. Thus it appears that she avoided any intimate examination.⁵

A similar episode occurred at the North Kensington Women’s Welfare Centre which had opened in 1925. This time it was Nurse Gertrude Thompson who undertook the visit. She attended the clinic using her own name, because as she noted it was “*so common*” but did not disclose that she worked at Stopes’ clinic. She was interviewed, examined and fitted with a Dutch cap and told to return the following week for a

syringe. Thus it would appear that she submitted herself to a vaginal examination simply to obtain information on the *modus operandi* of the clinic. She did not comment directly on that particular part of the consultation to Stopes, but remarked that there was no literature in the waiting room and no opportunity to wash before or after the examination; an experience which she found very disagreeable.⁶

Before moving on to another example involving the midwife-nurses I need to digress to discuss an episode that Stopes has frequently cited; a visit she made incognito to the Royal Free Hospital. Professor Louisa McIlroy had testified during the Stopes-Sutherland libel trial that the use of cervical caps by working class women was dangerous because of the lack of facilities for cleaning them. There was truth in this statement. However, when Stopes heard that McIlroy was now fitting the very same contraceptives in her clinic at the Royal Free Hospital, she allegedly disguised herself a charwoman and visited the clinic where she claims she was fitted with a cap by the unsuspecting Professor McIlroy. Although this episode appears in the archive and is recounted in several texts, I have been unable to discover any evidence that demonstrates that this actually took place.⁷ Furthermore, a report to Stopes of a visit by midwife-nurse G.M. Thompson to the Royal Free Hospital (RFH) bears an uncanny resemblance to this episode.⁸

The report details that Nurse G.M. Thompson attended the RFH where she was directed to the Outpatients department to see the doctor. As the doctor was at lunch she had to wait but was able to note that during this time Professor McIlroy fitted three to four women with caps. They had been sent to the RFH by their own doctors because of

abnormalities which precluded any further pregnancies. Thompson was not able to go in to see the Professor but was instead sent to casualty where she was told to strip to the waist in preparation for a physical examination at which she protested and challenged the necessity of such an examination. She was asked to return the next week to see McIlroy. In her letter to Stopes, Thompson appeared to be planning a further visit although she noted that she doubted that she would fare any better.

Nurse Thompson was also involved in a similar expedition to the clinic provided by the Birth Control Education League. She was fitted with a Dutch cap by a Dr Furrows and supplied with a whirling spray. The cost of the consultation, 2/6, was required in advance. Nurse Thompson remarked that there was no hot water on the premises, that the waiting room was the area behind chemist shop and that no leaflets were available.⁹

It is not clear whether these extraordinary episodes were undertaken at the behest of Stopes or on the initiative of the staff, but Stopes appeared to have actively encouraged the midwife-nurses to embark on these spying missions. She wrote thanking Nurse Ada Shears for a report about the clinic at Rotherham

*The whole question of these other people's clinics more or less imitating ours is very serious and I am glad to have as much information as possible.*¹⁰

Similarly, Nurse Williams's opinion was that the Birmingham clinic was jealous of the work undertaken in the Mothers' clinic.¹¹

Certainly the midwife-nurses appeared to share Stopes' concerns regarding the practice of some of the clinics. I have previously mentioned the Parents Clinic for Discretionary Birth Control in Plashet Lane established by Rose Witcop.¹² The midwife-nurses

observed that this clinic was a problem and that Witcop had been running the clinic without any training. It was noted that she was reputed to have fitted a cap on a woman who was already pregnant; Witcop however had continued to deny that the woman was pregnant. The midwife-nurses were not alone in expressing concern about Witcop and her clinic, the Walworth clinic shared their unease and the CBC Executive Committee met to discuss what action could be taken to protect the public against this clinic “founded by Rose Witcop the Communist”.¹³

Stopes herself was not above using subterfuge to make sure that her point got across. Knowing that any letter she sent to ‘*The Times*’ would not be published, she instead wrote to them using Hebbes name. Hebbes was notified of this in a letter from Stopes which informed her that she had done so; it seems without prior discussion or agreement.¹⁴ In a further example she used the name and address of Mrs Richardson, the Receptionist at the clinic, to obtain copies of leaflets and samples of alleged abortifacients. A folder in the Wellcome CMAC contains at least a dozen envelopes which had been sent in response to these “requests”.¹⁵

In November 1929 Stopes asked the police to take action over a circular that was being distributed. Although it is unclear what was contained in the circular Nurse Shears volunteered to respond as an individual to the advertisement for birth control in a local paper to ascertain if this was the circular in question. She had obviously been in contact with the police as she recounted that the police could not intervene without more details of the alleged offence. Other activities involved Nurse Thompson being sent to attend a course of lectures at the College of Nursing on the topic of Hygiene and Married Life at

a cost of six guineas. She was charged that she must report back to Stopes so that she would be aware of what *"they had to say on the subject"*.¹⁶ Similarly it was Nurse Rosina Thompson who sought out some information on the views of the candidates for the forthcoming general election. She wrote to Stopes outlining the views of one of the candidates, a Liberal who *"would like to have all birth controllers locked up"*.¹⁷ All of these activities are, I suggest, somewhat unusual and do not form part of *"normal"* clinical duties. The next part of the chapter now moves on to examine some instances of encounters with the civil and criminal law cases.

Encounters with the law

Stopes had a reputation of being litigious so it is perhaps not surprising that the midwife-nurses were sometimes involved in her court cases. Her most infamous case, the Sutherland libel trial has been well covered in other literature but to recap Sutherland a doctor and devout Roman Catholic, produced a book on birth control outlining the case against its use in which he included a passage stating

In the midst of a London slum a woman who is a Doctor of German Philosophy (Munich) has opened a birth-control clinic, where working class women are instructed in a method of contraception described by Professor McIlroy as 'the most harmful method of which I have had experience'.

Furthermore Halliday had referred to the clinic being run by *"a woman dressed as a nurse"*.¹⁸ This obviously referred to Maud Hebbes. She was subsequently involved in collecting the evidence to be presented at the trial and wrote to several birth control sympathisers, including the aforementioned Health Visitor Miss E.S.Daniels, to ask if they could find a mother or mothers to give evidence in court. This was presumably to be included as a defence against the accusation that Stopes experimented on poor mothers against their will. Only the reply received from Miss Daniels survives in the

archives. It was not very encouraging as she advised Hebbes that the mothers would probably agree only to let her down at the last moment. A personal letter to them she suggested, might persuade them especially if the request was couched in terms which suggested that their participation would help others.¹⁹ Muriel Box has produced a verbatim account of the trial which includes the testimony and cross examination of those witnesses called for the plaintiff and defendants, including that of Nurse Maude Hebbes.²⁰

Nurse Hebbes was called to give evidence on the second day of the trial regarding the methods used at the clinic. Reading the verbatim account I would judge that she gave a spirited defence on the use of the cervical cap and of birth control in general.

The outcome of the protracted legal battle was not favourable to Stopes and sympathy was forthcoming from Nurse Roberts; in a letter to Stopes she called the outcome of the trial terribly unjust.

Another instance of the midwife-nurse becoming involved with the legal system relate to the destruction of the first Caravan Clinic by Miss Ellis. I have discussed this in chapter six, but note again that the midwife-nurses were required to give statements and were prepared by Stopes to appear in the court case. Nurse Marion Cook was instructed to be at the court in her uniform ready to give evidence if called. Two undated prepared statements have been located in the archives. One outlined the duties undertaken by the midwife-nurses on the Caravan and highlighted the fact that they had taken an oath not to undertake abortions.

The second headed "*Proof of Nurse Cook*" stated

I Marion Cook, married woman fully certified midwife on the register, say that I have been for over two years with the Caravan. I was the first nurse to go out with the Caravan and have been with it 2 (sic) years at all its stations. We have never at any place had a night watchman with the exception of Bradford. The night watchman was engaged by Mr Bishop who was Dr Stopes' representative in Bradford owing to the attacks upon us and the legal cases, which necessitated legal representation in Bradford. We have never had that in any other place. Mr Bishop appointed the night watchman at the time.²¹

Marion Cook was also called to give evidence in the Sutherland v Bale and Danielsson Verdon Roe and Marie Stopes' case in 1929. On this occasion Stopes conducted her own defence, questioning the midwife-nurse about her qualifications and the security on the Caravan.²² In these examples Stopes' used her employees to support her in cases against others, a duty which they appeared to accept quite readily. Nonetheless she was not averse to using the legal system to control the staff. I explore two examples in the next section.

Contracts

As has been shown in the earlier part of the chapter Stopes frequently sought information about the activities of other organisations. She was also fiercely protective of the Mothers' Clinic; one incident prompted her to take action against any possibility of her staff establishing their own clinics in competition with the Mothers' Clinic. Initially there does not appear to have been any form of employment contract; this changed following a discussion with E.W.Lambert, supplier of the contraceptives used in the clinics. It appears that one of the midwife-nurses, Rosina Thompson, had in the course of a conversation informed Lambert that she was considering opening a birth control clinic of her own. Lambert reported this to Stopes who was indignant.

Furthermore she was not happy with Thompson's claim that she ran the Stopes' clinic single handed.²³ Shortly after this incident Stopes made all the midwife-nurse sign a contract in which they agreed that while in her employment they would not give consultations on birth control nor provide such advice for free to private patients. Further, they had to agree not to establish their own clinics within twelve months of severing their connections with the Stopes clinic. Finally they were not to trade upon the name of Stopes and were barred from advertising that they had at any time been connected with "*the CBC, Mothers' Clinic or Dr. Stopes personally*". All of the midwife-nurses, including Thompson, signed the documents in January 1925.²⁴ I now move on to examine the relationships between Stopes and her staff and those between the midwife-nurses themselves more closely.

Relationships

I have alluded to the relationships between the staff throughout the thesis but this section now focuses on those between Stopes and her employees, as well as among the midwife-nurses themselves. Certainly relationships were not always harmonious and Stopes' reputation of being difficult to work with has been reinforced over the years by the reminiscences of those who worked for her. Dorothea Kerslake, daughter of Dr. Maude Kerslake, noted that her mother worked well with Stopes until an apparent disagreement over the question of what cap to advise. Kerslake left to be replaced by Dr. Evelyn Fisher who herself went through a similar experience with Stopes.²⁵ Moya Woodside, Committee member and later Honorary Secretary in the Belfast Clinic, recalled that there was no autonomy in the clinic and everything was subject to minute control; staff having to justify any order for equipment which needed to be replaced.

Stopes' behaviour could also be quite outrageous. She had on one occasion given a running lecture on contraception, accompanied by an example of a contraceptive cap retrieved from her handbag, to a group of fellow dinner guests at a time when such things were not discussed in public.²⁶ Even so, an exploration of the documentary sources has revealed that at times she showed empathy and compassion for her staff. Nonetheless she was also a disciplinarian and although allowing the midwife-nurses autonomy when undertaking the clinical work, she maintained her authority and closely guarded the professional reputation of the Clinic. Nurse Ellen Williams was rebuked in May 1931 as it had been noted that she was wearing make up something not expected of the midwife-nurses in the clinic. Furthermore "*the serious atmosphere of our institution must be maintained*".²⁷

The midwife-nurses were not always happy with the instructions Stopes issued. There was dissent from Nurse Shears in 1929 when she was ordered to leave her current placement in Doncaster and travel to the Welsh based Caravan Clinic. The change was made necessary as a result of what is described as the "*sudden failure*" of Nurse Birkett who it seems had resigned because she did not want to go to Wales. The Honorary secretary of the CBC expressed regret at this decision but noted that she had been explicitly engaged to work in that area of the country.²⁸ Shears was thus to be used to cover the service in Wales until another midwife-nurse could be trained.²⁹ This also demonstrates the precarious state of the staffing. As Stopes and her husband supported the clinics from their own income they could only afford a limited number of staff. Shears complained that she had worked hard to contact the mothers in Doncaster and felt that she would be letting them down. She was not placated, and extremely unhappy

about the move, she vented her feelings in full to the secretary of the Mothers' Clinic, Mrs Bootle.³⁰ It seems that her appeal was in vain as she was sent money to pay for the transportation of the Caravan to Swansea, together with details of a meeting at which Stopes would speak. Nurse Shears came into conflict with Stopes again in 1930 regarding the site of the Caravan Clinic. She had notified Stopes the previous month that she was moving the Caravan from Burton-on-Trent to Leicester.³¹ Stopes did not reply until the beginning of June because she had been so busy. She wrote a very angry letter to Shears which contained the accusation that she had "*disobeyed my explicit instructions that you were on no account to go to Leicester until I was ready to go with you in the autumn*".³² The reason for her anger was rooted in the fact that the MOH for Leicester Dr. Killick Millard, was a keen supporter of birth control and following the reversal of Government policy, was about to open a Municipal Birth Control Clinic in Leicester. Stopes was concerned that taking the birth control Caravan to his district without warning would damage the good relationship she currently enjoyed with him. Shears was instructed not to advertise the clinic or to give advice to anyone. However rather than meekly accept the admonishment Shears penned a reply in which she vigorously defended her actions, referring to earlier instructions from Stopes that did not explicitly instruct her to stay away from Leicester. Indeed, she maintained that she had informed Stopes about her movements and the location for the van. Her closing remarks identify how hurt she felt by her treatment.³³

Stopes could also be rather petty. In 1929 she angrily wrote to Nurse Williams berating her for sending what appears to have been an article for her to read. The note written in block capitals stated

*NEVER SEND ME A PAPER WITHOUT MARKING WHAT I HAVE TO READ. WICKED WASTE OF MY TIME TO HAVE TO SEARCH FOR AN UNKNOWN THING IN A PAPER. THIS IS AN ABSOLUTELY UNIVERSAL ETERNAL INSTRUCTION WHICH I WISH TO BE KNOWN BY EVERYONE ASSOCIATED WITH US.*³⁴ (sic)

She could also be quite informal as for example when she wrote to Nurse Thompson that the *"blighting income-tax people want me to fill in a tax form on you"*.³⁵

This relaxed attitude extended to giving gifts to the staff at Christmas. She was also generous on other occasions as with the loss of Nurse Cooks' coat when the Caravan was destroyed. Stopes wrote

*Enclosed is a cheque for £5 for the Society to replace it and other things. You only put the value (of the coat) at £3.17s as it was part worn but it will take you £5 to replace, so buy yourself a new coat at once.*³⁶

There is a suggestion that she also paid for two weeks leave for the midwife-nurses who had been affected by the destruction of the Caravan Clinic. She may have done something similar for Sister Roberts, who thanked Stopes for the lovely Easter holiday, which she had been able to have with her *"Easter egg"*.³⁷

In an acknowledgment of the contribution they had made to the work of the clinic, four of the midwife-nurses, Cook, Fowles, Thompson and Williams were included in the list of eminent guests for the celebratory dinner celebrating the first ten years of the Mothers' Clinic held at the Ritz hotel in March 1931.³⁸ The relationships between the staff employed in the clinics has not previously been explored or discussed. This is rectified in the next section.

Relationships between the midwife-nurses

Relationships were not always smooth between the staff. There appears to have been a particular problem between Nurse Cook and Nurse Shears who worked together on the Caravan Clinic. Information gleaned from the letters sent by Nurse Shears to the secretary at the Mothers' Clinic Mrs Elizabeth Bootle, suggests that they both suspected that Nurse Cook was an alcoholic and she is probably the midwife-nurse Hall referred to in her biography of Stopes.³⁹ Cook is described as drinking brandy "*like we drink water*" of having shaking hands; needing to sit down in a chair and to have been drinking all weekend; this Shears claimed, rendered her inefficient and incompetent.⁴⁰ Shears was also aggrieved at Cook's lack of initiative, slovenly attitude and the "*drivel*" she spoke from morning to evening.

In 1929, her colleague remarked that Nurse Cook was not in a fit state of health to be left alone, a situation that was unsatisfactory as the other midwife-nurse had to work "*like a devil possessed*". She also noted that Cook chattered incessantly and had no enthusiasm for the work, her main interest being with her pay packet. Additionally there is concern expressed about the standard of her work regarding caps and sponges.⁴¹ The situation appears to have reached a crisis point in January 1928 when Stopes asked Nurse Thompson to visit Nurse Cook following what seems to have been taken as a possible attempted suicide. Cook had taken Lysol apparently "*in mistake*" for a dose of medicine, a mistake however that she was unable to explain. She was indignant that apparently the hospital saw this as an attempt at suicide and had treated her as such. Suicide was a crime until 1961 and attempted suicide punishable by law. This no doubt

explains her indignation but Nurse Thompson reported to Stopes that Nurse Cook was cheerful and intending to return to work later that week.

It is difficult to assess what pressures or personal difficulties were experienced by Nurse Cook but there does seem sufficient evidence to conclude that she was certainly dependent on alcohol. This is the only insight into the relationships between the staff to appear in the documentary sources but does make the midwife-nurses seem a little more “*real*” as individuals. How other members of the nursing and midwifery professions viewed the work undertaken by the midwife-nurses in the Stopes clinic is the subject of the next section.

Opinions

The different social mores in the 1920s and through to the 1930s meant that issues concerned with sex were not discussed as openly as they are today. Because of this period being what Brookes has identified as one of moderate sexual liberalization issues such as criminal abortion, birth control and the birth control clinics generated discussion and debate among professionals via newspapers and professional journals.⁴² I have drawn upon some examples throughout the thesis and this is now consolidated with by revisiting the oral history testimony and documentary evidence.

Voices of the Profession

At a macro level the profession appeared to have little interest in what was happening in this area of practice. Exploring the records of the GNC and CMB revealed no comment on the work in the birth control clinics and the professional bodies apparently had little interest in their activities. As noted earlier in the thesis, the only comment found in the CMB records related to a midwife not currently practising, who had opened an herbal shop which sold contraceptives. The CMB concerned with the surveillance of the midwifery profession in order to protect the public apparently did not view this development as problematic in itself. Similarly the GNC was newly formed and more concerned with establishing its credentials. Overall it seems that the small numbers of nurses and midwives involved in the early development of the clinics attracted no attention from those governing nursing and midwifery.

Among the grass roots of the profession, the split in opinion was similar to the general population; some being in favour and some against birth control. As early as 1921 the *'British Journal of Nursing'* urged nurses and midwives to look at the question of birth control as it was now

*one which, whether they desire it or not, is forced upon the attention of nurses and midwives, and they should be ready to give a considered opinion upon it in its many aspects.*⁴³

While the profession was generally ambivalent, some individual health visitors and nurses were interested enough to visit the clinic or to listen to lectures about birth control. There was a request to the Mothers' Clinic for speakers from the College of Nursing, Llanelly branch in November 1926.⁴⁴ Members of the Liverpool and District Trained MW Association debated the issue of clinical teaching of birth control at their

meeting in February 1927. They concluded that in some cases birth control was a necessity but that the merits of each case should be decided by a medical practitioner and that they should also be the ones to give advice to both parents. Furthermore, they were not inclined to sanction clinical teaching of the subject at this time to nurses, as they felt that there was insufficient information. They were also concerned regarding the effects of the existing maternal and child welfare scheme and the consequences on “*domestic happiness and moral well being of the citizens in our country*”.⁴⁵ Opinion it seems was slow to change. Beatrice Sandys who was a nurse in the 1930s recounted

*we were given our instructions by Matron in the morning. Among our instructions was always that if we found a leaflet that was anything to do with Marie Stopes we should burn it at once.*⁴⁶

While I indicated earlier that the oral history interviews with eight nurses and midwives who had trained near to the period under study had been disappointing in terms of the information they were able to provide, one quote from Nurse E.O was a poignant reminder of the despair of many women during this period when faced with repeated pregnancy and childbirth

*I have delivered still-born babies to poverty stricken mothers giving birth for the ninth or tenth time and known that they were relieved.*⁴⁷

Conclusion

In this chapter I have explored several issues which I have suggested constitute some examples of “*atypical practice*”. Involvement in the law was a frequent occurrence in Stopes’ life but it is unlikely that this would have constituted a normal part of the work in any other organisation. Certainly the spying and subterfuge which the midwife-nurses apparently undertook on Stopes behalf, offers a new perspective on the activities within the clinic. Relationships in the clinic are an aspect which has not previously

been considered and while Stopes could be a disciplinarian at times she appears to have demonstrated a more caring side. The gossipy letter from one of the midwife-nurses to the secretary is reassuring and again gives some colour to the previously shadowy figures that constitutes the team of midwife-nurses working in the clinic during the 1920s. The final chapter reflects upon some of the issues that have been uncovered by this thesis and draws it to a close.

1 BL Add Mss 58596 Letter from Marie C. Stopes to Nurse Maud Hebbes 9th April 1921.

2 Box M. (ed). *The trial of Marie Stopes*. London: Femina Books; 1967 pp.34-36.

3 Soloway R.A. The Galton Lecture 1996: Marie Stopes, Eugenics and the Birth Control Movement. In: Peel R.A. (ed). *Marie Stopes, Eugenics and the English Birth Control Movement*. London: the Galton Institute; pp. 49-76.

4 BL Add Mss 58596 Letter from Marie C. Stopes to Nurse Maud Hebbes 11th June 1921. The case of Miss E.S. Daniels was a cause celebre. While working in the Brookfield House Maternity and Child Welfare Centre run by Edmonton Urban Council, it was alleged that she had been giving advice on birth control and supplying the address of birth control clinics to the clients in her care. She was dismissed for insubordination. Petitions from local residents, interventions from the Dean of St Paul's, Dean Inge and debates in various journals and newspapers, failed to have her reinstated. The response of the CBC was discussed at their Executive Committee meeting in January 1922.

5 BL Add Mss 58596 Letter from Nurse E. Latter to Marie C. Stopes 3rd January 1924.

6 BL Add Mss 58597 Letter from Nurse Gertrude M. Thompson to Marie C. Stopes 8th June 1926.

7 This episode is referred to in several texts: Box M. (ed). *The trial of Marie Stopes*. London: Femina Books; 1967 pp.33-34; Stopes M.C. *Preliminary notes on various technical aspects of the control of conception based on the analysed data from ten thousand cases attending the Pioneer Mothers' Clinic London*. London: Mothers' Clinic; 1930 pp.37-44; the original account appears in the archives CMAC:PP/MCS/B19 Incognito visit of Marie Carmichael Stopes to Professor McIlroy's clinic at the Royal Free Hospital 1926.

8 BL Add Mss 58592 Letter from Nurse Gertrude M. Thompson to Marie C. Stopes 9th December 1927.

9 BL Add Mss 58597 Letter from Nurse Gertrude M. Thompson to Marie C. Stopes 30th March 1927.

10 CMAC: PP/MCS /C21 Letter from Marie C. Stopes to Nurse Ada Shears 6th February 1930.

11 CMAC: PP/MCS /C21 Letter from Nurse Ellen Williams to Mrs Bootle. (undated but circa April 1929).

12 Aldred G. A. *No Traitors Gait The Life and Times of Guy A. Aldred Volume 3*. London :Strickland Press;1963; Rose Witcop, Aldreds' partner, later to become his wife, had established a clinic in Shepherds Bush which was still operating at the time of her death in 1932.

13 BL Add Mss 58589 Executive Committee CBC Agenda 29th April 1925

14 BL Add Mss 58596 Letter from Marie C. Stopes to Nurse Maud Hebbes 19th June 1921.

15 CMAC: PP/MCS B23 Leaflets and samples sent by abortifacients manufacturers.1927.

16 CMAC: PP /MCS/ C4 Letter from Nurse G. Thompson to Marie C.Stopes 21st January 1929.

17 CMAC: /PP/MCS/C4 Letter from Nurse Rosina Penney Thompson to Marie C.Stopes 3rd December 1923.

18 See for example Box M. (ed).*The trial of Marie Stopes*. London: Femina Books; 1967; Hall R. *Marie Stopes: a biography*. London: André Deutch; 1977.

19 BL Add Mss Letter from Maud Hebbes to Mrs Day (copies to Mrs Taylor, Eccles, Kerridge, Buckton) 15th September 1922; Letter from Miss E.S. Daniels to Nurse Maud Hebbes 24th September 1924.

20 Box M. 1967.

21 CMAC: PP/MCS/70 H7 Prepared statement for court case. (undated).

22 BL Add Mss 58664 Sutherland v Bale and Danielsson H.Verdon Roe and Marie C. Stopes 1929.

23 BL Add Mss 58638 Letter from Marie C. Stopes to E.W.Lambert 19th December 1924

24 BL Add Mss 58596 Copies of signed agreements dated 12th, 13th and 16th January 1925.

25 CMAC: PP/MCS A14/91.1 Letter from Dorothea M. Kerslake MRCOG to Mrs Howard FPA 28th August 1971.

26 CMAC: PP/MCS GC/39/4 Moya Woodside: letter of reminiscences about Belfast Mothers Clinic submitted to the Wellcome CMAC 1981.

27 CMAC:PP/MCS /C21 Letter from the Mothers' Clinic to Nurse Ellen Williams 9th May 1931.

-
- 28 BL Add 58621 Mss Letter from Nurse Gertrude M. Thompson to Marie C. Stopes 10th April 1929.
- 29 BL Add Mss 58621 Letter from Marie C. Stopes to Nurse Ada Shears 12th April 1929.
- 30 BL Add Mss 58621 Letter from Nurse Ada Shears to Mrs Bootle 15th April 1929.
- 31 BL Add Mss 58621 Letter from Nurse Ada Shears to Marie C. Stopes 9th May 1930.
- 32 BL Add Mss 58621 Letter from Marie C. Stopes to Nurse Ada Shears 6th June 1930.
- 33 BL Add Mss 58622 Letter from Nurse Ada Shears to Marie C. Stopes 4th June 1930.
- 34 BL Add Mss 58621 Letter from Marie C. Stopes to Nurse Ellen Williams 2nd March 1929.
- 35 CMAC:PP/MCS/C4 Letter from Marie C. Stopes Nurse Gertrude M. Thompson 24th November 1931.
- 36 CMAC: PP/MCS/ H7 Letter from Marie C. Stopes to Nurse Marion Cook. 4th December 1928.
- 37 BL Mss Add 58596 Letter from Nurse Gertrude M. Thompson to Marie C. Stopes 24th April 1924.
- 38 Report on the celebratory dinner held at the Ritz hotel including list of guests, menu and verbatim report of the speeches. *Birth Control News*. 12th April 1930 pp.186-190.
- 39 Hall R. *Marie Stopes: a biography*. London: André Deutsch; 1977 pp.265-266.
- 40 BL Add Mss 58621 Letter from Nurse Ada Shears to Mrs Bootle 16th December 1929.
- 41 BL Add Mss 58621 Letter from Nurse Ada Shears to Mrs Bootle 15th April 1929.
- 42 Brookes B. *Abortion in England 1900-1967*. London: Croom Helm; 1988.
- 43 British Journal of Nursing. Rational Birth Control. *British Journal of Nursing*. Sept 3rd 1921: LXVII (1,744); p.156.
- 44 CMAC: PP/MCS/ D16 Letter from Mrs E. Roberts to Marie C. Stopes 4th November 1926.
- 45 *Birth Control News* February 1927 p.1.

46 *Out of the Doll's House: Part 4 Mustn't Grumble*: BBC TV; 1988.

47 Interview with Nurse E.O. 2001

Chapter Eight: Conclusion

Introduction

The development of birth control services has been hailed as one of the most important developments in primary health care and a triumph for the birth control activists. The organisations and great names associated with birth control have been identified within a range of historical studies. However, little attention has been paid to the reality of the work undertaken by those from the nursing and midwifery professions who delivered the service to the population; an omission which this thesis has now addressed.

It was this dearth of information which informed the principal aims of this study; these were to trace the historical development of birth control nursing within the Marie Stopes Mothers' Clinic, locating it in its social, political, medical, professional and legal contexts; to determine the lay and medical perspectives which influenced the development of this innovation. This study is thus unique in addressing the contribution of a small band of pioneer midwife-nurses to the development of services in the first birth control clinic in Britain.

The final chapter of this thesis provides a discussion of the material and a summary of the findings. This will demonstrate how the study has addressed this deficit in knowledge by bringing the work of those at the '*sharp end of practice*' into focus.

Additionally I will discuss some of the limitations of the research, identify areas for future investigation and conclude by considering the contribution of the thesis to the discipline of nursing history and the links to contemporary practice. The four research questions have been used throughout the thesis as a framework; their constituent parts

are now similarly utilised in this chapter to provide a structure around which to summarise the findings of the study and to demonstrate how the two aims of the study have been addressed.

Social, political, medical, professional, and legal influences

I shall begin by discussing the evidence which addressed the social, medical, professional, and legal influences that contributed to the development of birth control nursing in the Marie Stopes Mothers' Clinics.

Social

Contemporary sources described the poor social and health conditions experienced by many women. The letters received by the Women's Co-operative Guild (WCG), Marie Stopes and the evidence of the midwife-nurses, emphasized the wretchedness and despair of women who experienced frequent pregnancies and childbirth. Additionally, these sources affirmed that women wanted to be in control of their own fertility; however access to the means which would enable them to achieve this was not easily available to all sections of the population. The oral history interviews with retired nurses and midwives, confirmed that this was an era when such issues were not openly discussed.

One possible source of information, the medical profession, was similarly reticent. Other contemporary accounts indicated that working class women would be unlikely to visit a doctor when ill, thus it would be improbable that they would use doctors as a source of birth control advice. The treatment that working class women received from

some doctors was also questionable. Dr. Maude Kerslake, visiting consultant at the Mothers' Clinic indicated that even gynaecological conditions were largely ignored by her fellow professionals, an observation which was reaffirmed by the midwife-nurses. However, while doctors as a profession were taciturn with their patients, demographic data demonstrated that they were using artificial means to control the size of their own families. There was a similar trend across and within the social classes. Nonetheless the clinic and the woman-to-woman service provided by the midwife-nurses, was a significant development, designed to meet the need of those who remained in ignorance or were unable to access advice. In spite of this, the Mothers' Clinic was never intended to be a substitute for what Stopes' saw as the correct source for the provision of birth control services; provision by the State across the network of Maternal and Child Welfare Clinics.

Political

Politically birth control was a sensitive issue. Successive governments, Conservative and Labour, evaded any decisions on providing birth control services. Largely this was predicated on the fear that any policy on birth control would lose votes from working men and the Roman Catholics. The Governments' reluctance to sanction a State service led to the development of a variety of organisations, for example the Workers Birth Control Group who campaigned alongside other existing and long established societies for the provision of a State controlled service. Of particular relevance to this thesis was the WCG composed for the most part of married working class women. Their support of birth control in general, and the Stopes' clinics in particular, involved them in using the midwife-nurses as speakers at WCG branch meetings as well as providing a network

of support for the Caravan Clinics. Other organisations, the Women's Sections of the British Legion and the Labour Party, provided similar although more limited support. Eventually the Government succumbed to pressure and issued Memorandum 153/MCW which from 1930 allowed contraceptive advice to be given in Maternal and Child Welfare Clinics to some categories of married women.

Medical

I identified previously that doctors were using birth control methods themselves but were seemingly reluctant to make the same information available to their patients. Nonetheless, there were pockets of support for the birth control campaign from members of the medical profession. This was not necessarily split upon gender lines. Stopes was able to rely on the support and services of Dr. Jane Lorimer Hawthorne and Dr. Maude Kerslake, visiting Consultants to the Mothers' Clinic. Similarly, her good friend Dr. Killick Millard, Medical Officer of Health in Leicester, was supportive of her work. This was in sharp contrast with the attitude of two of the leading women doctors, Mary Scharlieb and Louise McIlroy, both of whom were Roman Catholics and seemingly implacably opposed to wider access to birth control. The latter was involved in the Stopes-Sutherland libel trial and was the target of an incognito visit by Stopes to her clinic at the Royal Free Hospital; a visit which one of the midwife-nurses later attempted to replicate without success.

The Government's capitulation and the removal of the embargo on providing birth control advice in the Maternal and Child Welfare Clinics in 1930, witnessed an escalation in the demand for training from doctors in methods of birth control which

almost overwhelmed the resources of the clinic. Both the visiting consultants and the midwife-nurses were equally involved in providing the training for the doctors.

This was significant, indicating an acknowledgment at least within the organisation of the level of skill and expertise possessed by the midwife-nurses in the Stopes' clinics.

Professional

The views of the controlling bodies of both midwifery and nursing professions remained largely ambivalent to the development of the clinic and the work of the staff. The GNC, newly formed and largely concerned with the work of nurses in a hospital setting, appeared to ignore the development completely. The CMB, longer established and with the remit to closely control the work, and it appeared the morals of midwives, took a similar approach. They were swift to remove from the Roll any midwife whose practice was deemed unsafe, who cohabited outside of marriage or had an illegitimate pregnancy. However there was minimal attention to birth control with the topic only mentioned once in the CMB documentary sources. This was in response to a complaint that an ex-midwife had opened an "*herbal shop*" which apparently sold contraceptive devices. She had openly displayed her CMB certificate in the shop window. It was this rather than the fact that she was selling contraceptives, which appeared to cause concern. Otherwise the CMB like the GNC maintained silent on the issue.

Legal

The legal influences explored within the thesis were divided into those concerned with the impact of criminal law on the work of the clinic and the manner by which the midwife-nurses were drawn into the litigious activities which so epitomised Stopes' life.

Within the first category, the issue of abortion assumed an over arching importance. Contemporary evidence suggested that abortion was viewed by many working class women as a justifiable act as long as it took place before "*quickenning*" had occurred. In the face of the opposition towards birth control, the need to protect the Stopes' organisation against the charge of participation in criminal abortion was paramount; thus the midwife-nurses were required to sign a statement in the presence of a Commissioner for Oaths, affirming that they would avoid any involvement with abortion. It was thus initially perplexing when other authors suggested that in private Stopes may have adopted a view which sanctioned abortion as an option for some cases; for example for sufferers of venereal disease. However by recommending therapeutic abortion she would not in fact have been contravening the existing law and would have been working within the same parameters as her medically qualified colleagues. Her very public anti-abortion stance could thus be seen as an astute move. This must however be tempered by the fact that she had such a high profile. The consequences of this private stance becoming public would have been disastrous and would certainly have done immense damage to her personally, the organisation and the professional integrity of the midwife-nurses. It would also have provided "*ammunition*" to those opposed to the whole notion of birth control.

The midwife-nurses were therefore prohibited by several mechanisms from responding to any entreaties for help to procure an abortion; by virtue of their professional qualification, the criminal law and the Stopes' statutory declaration. Certainly there was evidence that they dealt with such requests from the women who visited the clinics, although some of these demands centred on the confusion which still existed between

birth control and abortion. The professional issues highlighted in this question also linked into the second research question which focused on the part played by the midwife-nurses in the development of the role, and it is this aspect that I turn to next.

The part played by the midwife-nurses

I suggested that the role they undertook was one that was assigned to them by Stopes, which initially made them appear passive recipients of her largesse. However this point was dispelled on closer examination of their antecedents and previous careers.

Information from the decennial censuses, indexes of birth marriages and deaths and CMB registers, were used to trace the antecedents of this small group of pioneer nurse-midwives and thus to dispel some of the myths around their status, age and experience. Additionally the documentary sources offered information of their previous careers and their motivation to work in the Mothers' Clinic. Several had occupied high positions in services designed to improve the conditions of working women and their children, with Maud Hebbes having particularly illustrious credentials. This suggested that for these midwife-nurses it was a humanitarian concern rather than the cause of eugenics which motivated them to work with Stopes.

The contribution of the midwife-nurses in both clinical settings was concentrated more on the actual delivery rather than the planning of the service. When exploring the development of the Caravan Clinic it was particularly interesting that although required to deliver a birth control service from the mobile clinic, there was no evidence in the documentary sources that they were consulted about its design, fittings or destinations. Again this would make them appear somewhat passive. However, an examination of

the working conditions endured by the midwife-nurses on the Caravan Clinics and the issues that they confronted, suggests that rather than being “*minions*” as suggested by Greer, they were in fact strong and courageous women.¹ They were seemingly willing to devote their working lives to a controversial cause without any great financial reward, and with potential danger to themselves from some of the more fanatical opposes to birth control.

The role of the birth control midwife-nurses

This leads on to the question concerning the role of the midwife-nurses. I argued that Stopes was influential to birth control nursing because of her attitude towards the work that could be delegated to the midwife-nurses. This investment of power in the midwife-nurses tends to suggest that Stopes favoured nurses over doctors; her battles with members of the medical profession give credence to this view. This antipathy towards some members of the medical profession was characterised by constant court cases and public skirmishes about the safety and morality of her birth control methods. This departure from the “*norm*” of the nurses’ role served to antagonise some sections of the medical profession even further.

Certainly other nurses and midwives practiced with a degree of autonomy across a range of practice areas. However as far as can be ascertained for this particular area of practice, the role of the midwife-nurse in the Stopes’ clinics was unique among all the voluntary birth control organisations. She adopted an approach which placed the midwife-nurses in the position of the lead practitioner, thus creating a distinctive and autonomous role which was not replicated within the other voluntary clinics. Similarly

the concept of a mobile clinic offered further scope for the midwife-nurses to work autonomously, without immediate recourse to a doctor, and outside the immediate gaze of their patron. It is noticeable that in attempting to provide birth control services to the wider public via the travelling clinics, the language used by Stopes and the staff incorporated words usually associated with religion. Thus there was reference to the “*gospel*” and the “*birth control mission*”. There also appeared to be some parallels with the use of caravans for proselytising purposes, the original idea emanating from Bertram Talbot who had experience working on the caravans used by Wilson Carlile’s Church Army.

I also identified that there were other non-clinical tasks involved in the role, as for example the meetings and other forms of proselytising. Additionally, it would appear that some of the staff became almost a parody of Stopes, assuming the mantle of her obsessions by undertaking secret visits to other birth control clinics.

However while giving autonomy to her nurses Stopes was also cognisant and apparently supportive of the hierarchical relationship between doctors and nurses. Although the midwife-nurses appeared willing to act as the lead professional in the Mothers’ Clinics, there is no doubt that they were only able to do so because of the largesse of its patron and this autonomy could have been easily rescinded had Stopes so wished. However it was the delivery of the clinical aspect of the service which seemed to be directly under their control. This was one area which for the most part Stopes was careful to avoid, leaving the midwife-nurses to undertake the “*fittings*”.

Although the midwife-nurses had some disputes with Stopes, the low turnover of staff would indicate that they were content with the conditions of their employment.

How did the nursing and midwifery profession view the specialism and the nurses and midwives working within it?

Professional influences and how the midwife-nurses and their work were viewed outside of the organisation, particularly by their peers and professional bodies, was explored by interrogating contemporary journals and documentary sources. This was supplemented by oral histories with nine retired midwives and nurses.

The grassroots of the professions appeared to be as divided as the medical profession. The nursing press did contain information about the clinic, campaign and publications most of which welcomed the development as a positive move and one which would improve the health of the “*race*”. The oral histories reinforced the fact that there was no formal teaching on birth control within nursing and midwifery training. This contrasted sharply with the availability of knowledge about venereal disease. Several of the respondents were still able to recall the symptoms of venereal disease and the teaching they had received. Thus while reticence surrounded the topic of the control of fertility, sexually transmitted diseases could be discussed. There was a divide between what was viewed as a private matter, birth control, and the public health problem of venereal disease.

Limitations

Any historical research is limited by the amount of evidence available and this thesis experienced similar problems. That Stopes was a self-publicist is well acknowledged and she tried to make sure that she controlled what was placed in the public arena regarding her work and life. The documentary evidence available in the British Library and the Wellcome CMAC has had what Dr. Lesley Hall, archivist at the CMAC describes as a “*turbulent history*”. Thus some data was missing, the membership records of the CBC being one instance. Similarly the CMB Roll of Midwives was incomplete and some years were not available because of their poor state of preservation. The lack of archival data also impacted on the scope of the study.

A more detailed comparison of the roles of midwives and nurses in other voluntary clinics with those working in the Mothers’ Clinic would have been the desired methodology. However again there was insufficient archival data to support this approach. The oral history interviews did not provide the information expected but the “*silences*” did reinforce that birth control was not an issue which was easily discussed in the inter-war period even by nurses and midwives.

Finally I acknowledge that my own career as a nurse, midwife, health visitor and sexual health nurse may have impacted on the selection of material and its interpretation. Even in the 21st century contraception and sexual health nursing is still a sensitive and sometimes controversial area in which to practice; I thus admired the women who had risked notoriety to work in the specialism at its inception, but had to take care not to present them as iconic figures, nor ignore the needs of the women they served.

My perception of Marie Stopes as a person was augmented by some of my work experiences with mothers who had had a stillbirth or a neonatal death. While I felt empathy for this woman whose loss had been dealt with so perfunctorily by her biographers, I needed to be aware that this was just one facet of the very complex personality of this polymath.

Further Research

This thesis has focused on a relatively short time scale in the history of birth control nursing. There are many aspects which were beyond the scope of this study and require further research. These divide into the organisations and the individuals. Focusing first on the organisations, the Stopes' clinics themselves continued to expand and function outside the main stream clinics. This presents an opportunity for continued exploration of both the Stopes' and NBCA clinics. Where the documentary sources permit, comparative studies with the other clinics would also contribute to a wider appreciation of the development of this clinical specialism. Giving a voice and identity to these early pioneers also suggests that more work needs to be done on the career pathways of those who opted to work in the clinics and other key figures; for example the health visitor Miss E. S. Daniels who went on to become involved in the campaign to legalise abortion. Capturing the oral histories of those who worked within what became the dominant organisation, the FPA, is also of paramount importance. As this study demonstrated the absence of this type of source means that the experiences of those who delivered this care will otherwise be lost to the history of this aspect of nursing.

Contribution to knowledge

I have argued that this is the first account of the contribution made by nurses and midwives to the birth control movement and what was probably the first nurse-led clinic within birth control nursing. While aware that there were a number of midwives employed in the Stopes' clinic, the links with Lamberts and Abertillery Hospital and the identification of midwife-nurses employed via Stopes to work in these two services, presented an additional and previously unexplored perspective.

The second issue which I was able to affirm was related to the marital and maternal status and work experience of the midwife-nurses. Again this identified an anomaly not previously discussed. Thus the research has demonstrated that there was a marked difference between the rhetoric and the reality behind the leitmotif of the philosophy of the women-to-woman care espoused by Stopes.

Third, the research has identified the extent of the work undertaken by the midwife-nurses and how this compared with that of nurses and midwives working in the other clinics. The clinical work was supplemented by other activities which were outside the normal remit, some of which were directly linked to the obsessions of their patron.

Fourth, the development of the Caravan Clinics, previously only warranting a few sentences in other histories, has uncovered the way in which the service was planned and developed as well as the conditions experienced by the midwife-nurses on the Caravan. In addition links have been made between the history of the specialism and contemporary practice.

The link to contemporary practice

The study has identified three issues which are of relevance both to the history of nursing and to contemporary practice; first was the way in which the role evolved; second how the training for nurses working in the field of contraception and sexual health developed; third how sexual health outreach services began with the use of the travelling Caravan Clinics. Examining the first and second points, in contrast to the work undertaken by the Stopes' midwife-nurses, the role of the nurse or midwife in other clinics remained one of a traditional handmaiden to the doctor with the women dealt with by a number of professionals at each clinic visit. In the Stopes' clinics the midwife-nurses continued to work as the lead practitioner. The disagreements which led to Stopes withdrawing from the National Birth Control Council produced two distinct approaches to both the delivery of care and the role undertaken by the midwife-nurses. The traditional handmaiden approach continued in clinics belonging to the organisations within the NBCC with the use of a speculum acting as a means to maintain the dominance of the medical profession.

I suggest that had Stopes and her organisation remained within the amalgamated voluntary clinics, her approach to the type of role and training for the nurses and midwives and the way in which the care was delivered to women may have been inculcated into the work of these other clinics. The forceful personality of Stopes would possibly have produced such an outcome, thus changing the role and focus of training for nurses and midwives throughout the ensuing decades. Certainly the dominance of the medical role and its fixation on the use of speculum examinations had an impact on the future training, education and work undertaken by family planning nurses well into

the 1990s. Third, the study also highlights that the approach of taking birth control services to the client had its roots in the 1920s. All these developments were significant. Nurses currently working in the area of sexual health now routinely work in nurse-led clinics and outreach services, both of which are promoted as good practice.

The history of the birth control movement has been well documented but cannot be seen as complete without an account of how and by whom the service was delivered to the general population. Literature on the history of birth control and the history of nursing has ignored the role of the birth control nurse. This research has uncovered previously unknown aspects which relate to both areas. Thus I can argue that this thesis has met both identified aims of the study; first to trace the historical development of birth control nursing within the Marie Stopes Mothers' Clinic locating it in its social, political, medical, professional and legal contexts; second to determine the lay and medical perspectives which influenced the development of birth control nursing within the Marie Stopes Mothers' Clinics. Thus the thesis adds a unique contribution to the knowledge of both the history of birth control and the history of nursing.

Finally the words spoken by Sir Russell Brain President of the FPA at the opening of the Marie Stopes Memorial Clinic, *"The heresy of yesterday often becomes the orthodoxy of tomorrow and one generation builds the tombs of the prophets its fathers stoned"*. Although *"Whiggish"* in tone, this provides a fitting although unintended testament to the development of the role of the nurse and midwife in the area of contraception and sexual health.² In the twenty-first century nurses are once again able

to deliver the type of seamless autonomous care first envisaged and acted upon eighty-six years ago by Marie Carmichael Stopes and her midwife-nurses.

1 Greer G. *Sex and Destiny: The Politics of Human Fertility*. London: Picador; 1985 p.370.

2 CMAC: SA/FPA/A 16/5.2 Marie Stopes-remarks of Sir Russell Brain President of the FPA when opening the Marie Stopes Memorial Clinic in London, May 12th 1959.

Appendix 1

Steps and questions for evaluating primary sources.

Authenticity	Is the source what it purports to be?
Provenance	Where does the source come from
Dating	When exactly the source was produces?
Type	To what category does the source belong?
Origin	How and for what purpose was the source created?
Relevance	How relevant is the source to the topic under investigation?
Meaning	Can the source be fully understood?
Context	How the source should be understood and analysed in the context of what is known from other relevant primary and secondary sources?

Source: Marwick A. Primary sources: handle with care. In: Drake M. Finnegan R. (eds). *Sources and methods for family and community historians: A handbook. Volume 4 Studying family and community history 19th and 20th centuries*. Cambridge: Cambridge University Press in association with the Open University; 1997.p.22.

Appendix 2

RCN Oral History Project Interview Schedule

1. BACKGROUND

When and where born; parents occupation; size of family; childhood experiences; schooling, attitude to learning, sports, hobbies; home environment, religion, politics, discussions.

2. CAREER CHOICE

Influence of parents/teachers; career expectations; encouragement; role models; entry to nursing, where, when, why?

3. TRAINING

First impressions; matron, tutors, ward-sisters, doctors; teaching, lectures and practical work; attitude to those in authority; conditions, hours, holidays, pay, food; study, exams, certificate; fellow student nurses; significant experiences; influence of the matron/tutor on subsequent career; post-registration education or experience; why particular choices? Explore issue of birth control, Marie Stopes.

4. WORK and PROFESSIONAL DEVELOPMENT

History of appointments; why changes of job; sources of inspiration; state of specialty when you joined; plans to change the set-up; encouragement or resistance; outside influences; funding; further education; developments planned and effected; awards.

5. NURSING ORGANISATIONS

RCN, date of joining, why; involvement, committee work; officers you worked with; attitudes to professional issues; branch involvement; other professional organisations.

6. TRAVEL and SOCIAL ACTIVITIES

International contacts; ICN; overseas work; awareness of nursing developments in other countries; non-professional activities.

7. RETIREMENT

Views on the development of nursing since joining; nursing in the future; any regrets?

Appendix 3

RCN Oral History Project

COPYRIGHT AGREEMENT and DEPOSIT INSTRUCTIONS

The purpose of this agreement is to ensure that your recorded interview is added to the oral history collection of the Royal College of Nursing in accordance with your wishes. All material will be preserved as a permanent record for use in research, publication, education, lectures and broadcasting.

If you wish to limit public access to your contribution for a period of years (up to a maximum of 30 years) please state these conditions:

I hereby assign the copyright in my contribution to the Royal College of Nursing.

Signed

Address

Date

InterviewerDate.....

Appendix 4

Biographies of oral history respondents

Nurse P.H. Born in 1908. Interviewed in 2002.

When aged twenty, PW was refused admission for training in a Fever Hospital because she was too young. She went to work in a hospital for children but had no recollection of any official training at that time. She commenced training as a general nurse at the London Hospital in 1929. She qualified in 1931 and worked as a staff nurse for four years before leaving to get married.

Nurse E.O. Born in 1911. Interviewed in 2001.

She started her nurse training in 1930 followed by midwifery in 1936.

She worked as a midwife until her retirement in 1976.

Nurse A.A. Born 1913. Interviewed in 2002.

AA started work with an engineering company before leaving to train as a fever nurse in Paisley, qualifying in January 1936. She immediately commenced training as a General Nurse and once qualified in 1939 was immediately promoted to Ward Sister. She left Scotland during the Second World War to take up a post in one of the Emergency Hospitals before joining the Army as a nurse in 1942 where she served as a Second Lieutenant for six years. During this time she was posted overseas in Algiers, Tunisia, Sicily, Italy and Greece. After working for two years in a private hospital she went to the Simpson Memorial Hospital in Edinburgh to train as a midwife in 1950. This was followed by employment in a series of administrative posts in a general hospital. The

remainder of her career until her marriage was spent in management as an Assistant Matron and Matron.

Nurse J.C. Born 1915. Interviewed in 2002.

JC started nurse training in 1934 qualifying in 1938. She worked as Staff Nurse for one year before leaving the profession to marry in 1939. She returned to nursing in 1962, working as a Night Nurse then Night Sister until 1970 when she became a District Nursing Sister. She retired in 1980.

Nurse P.W. Born in 1921. Interviewed in 2002.

Started general nursing in 1938 at Hendon Hospital which was affiliated to the Charing Cross hospital. As a student nurse she worked for two years in Hendon before moving on to Charing Cross. In 1942 she trained as a midwife at the Edinburgh Royal Infirmary and after qualifying worked as a District Midwife. In 1946 PW trained as a Health Visitor and remained in this specialism until her retirement in 1981.

Nurse M.T. Born 1922. Interviewed in 2002.

MT left school aged fourteen with the ambition to be a nurse once she was old enough. Meanwhile she was employed by different families as a childminder. On the outbreak of the Second World War she started work at the Cammell Laird Shipyard in Liverpool as a Tracer in the drawing office which was classified as a 'priority' job. She eventually started her nurse training on 6th January 1946. She undertook her midwifery training in 1949 but did not practice after qualifying. She worked in General nursing until retiring in the late 1970's.

Nurse A.J. Born 1922. Interviewed in 2002.

She started work as a nursery nurse before training as an SRN, qualifying in 1943.

AJ did Part 1 of her midwifery training in 1944 but did not want to work as a midwife so did not complete Part 2. She became Sister on a children's ward in 1945, a post she held for six years. She attended the Battersea Polytechnic Ward Sister's course before moving on to a course for Matrons in 1953. This was followed by posts as an Assistant Matron and Matron. She retired in 1982.

Nurse D.A. Born 1926. Interviewed in 2002.

She undertook Cadet Nurse training in 1942 before qualifying as an SRN in 1947.

She left nursing on her marriage.

Bibliography

Primary sources: unpublished

Records relating to Marie Carmichael Stopes (MCS) held at the Wellcome Contemporary Medical Archives (CMAC) under the catalogue entry PP/MCS

PP/MCS /A14/91.1 Information for NBCC Association.

PP/MCS/B19 Incognito visit of Marie Carmichael Stopes to Professor McIlroy's clinic at the Royal Free Hospital 1926.

PP/MCS/B21 Illicit use of Marie Carmichael Stopes' name 1926-1927.

PP/MCS/B22 Correspondence and delegation to the Home Office regarding sale of abortifacients.

PP/MCS/B23 Leaflets, samples, etc sent out by abortifacients manufacturers, 1926-1927.

PP/MCS/C1 Setting up of the Mothers' Clinic.

PP/MCS/C 4 Various papers relating to the Nurses.

PP/MCS/C 5 Nurses application for jobs (Carter).

PP/MCS/C 6 Nurses application for jobs (Landucci-Williams).

PP/MCS/C 8 Miscellaneous notes letters between Stopes and clinic staff

PP/MCS/C 12 Mothers' Clinic miscellaneous items 1921-1960.

PP/MCS/C 15 Abertillery: correspondence regarding establishment of the clinic

PP/MCS/C 16 Correspondence with Nurse Naomi Jones.

PP/MCS/C 17 Correspondence in Leeds Mercury

PP/MCS/C 19 Purchase of caravans 1926-1928.

PP/MCS/C 20 General correspondence 1927-1933.

PP/MCS/C 21 Correspondence with Nurses 1927-1933.

PP/MCS/C 38 Executive Committee Agendas, 1922-1945.

PP/MCS/C 39 Medical Research Committee 1924-1930.

PP/MCS/C 50 Birth Control News.

PP/MCS/D9 Abertillery meeting arrangements 1925

PP/MCS/D16 Meetings addressed by alternative speakers 1921-1925.

PP/MCS/D18 Women's Co-operative Guilds. Labour Party Women's sections: requests for speakers.

PP/MCS/H7 The Ellis case (burning of the Caravan Clinic) Leeds; Correspondence with Nurse Cook, Mr. R.S.Bishop of A.V. Hammond Solicitors, Leeds, and Mr. H.J.Bagge (MCS's Secretary), 1928-1929.

Records relating to the Family Planning Association held at the Wellcome Contemporary Medical Archives (CMAC) under the catalogue entry SA/FPA

SA/FPA/A4/1 Clinic Lists Notes on clinics established by the Society for Provision of Birth Control Clinics 1921-1930 and the Society for Constructive Birth Control.

CMAC: SA/FPA/A 16/5.2 Marie Stopes-remarks of Sir Russell Brain President of the FPA Stopes Memorial when opening the Marie Clinic in London, May 12th 1959.

SA/FPA/A 19/13 Training of Family Planning Nurses.

SA/FPA/A23/58/7 Marie Stopes and Mr. J. H. and Mrs. G.S.Guy. Correspondence with final comment by Edith How Martyn.

SA/FPA/NK/212 Executive Committee Minutes 1934 -1935.

SA/FPA/NK/9 Ministry of Health 1930-1931.

SA/FPA/NK/ 208 North Kensington Women's Welfare Centre for Birth Control Executive Committee Minutes 1924-1929.

SA/FPA/NK /209 North Kensington Women's Welfare Centre for Birth Control Executive Committee Minutes 1929-1934.

SA/FPA/NK /158 General Correspondences 1929-1935.

Records relating to Margery Spring Rice (Chair of the North Kensington Women's Welfare Center 1924-1958) Papers held at the Wellcome Contemporary Medical Archives (CMAC) under the catalogue entry SR.

SR/5 Important letters of historical interest 1920's-1960.

SR /11 Society for the Provision of Birth Control Clinics.
Memorandum from North Kensington on revision of rules of the Society 1926.

SR/15 North Kensington Women's Welfare Centre 1927-1958.

SR/17 NBCA and FPA Miscellaneous papers.1923-1962.

SR/18 Marie Carmichael Stopes pamphlets and leaflets 1921-1953.

SR /21 Notes on the history of North Kensington and the birth control movement by Margery Spring Rice including draft chapter by Mary Stocks for: '*The Human Sum*' 1950's.

SR/ 23 Press cuttings, reports and articles on birth control 1924-1929.

SR/ 24 A-C Miscellaneous papers and pamphlets 1901-1960.

Records relating to the Health Visitors Association (HVA) held at the Wellcome Contemporary Medical Archives (CMAC) under the catalogue entry SA/HVA 1902-1984

SA/HVA/D.7/4 What is Constructive Birth Control?

SA/HVA/07/5 On the Management of a Birth Control Centre

Records relating to Marie Carmichael Stopes held at the British Library under the catalogue entry BL Add Mss MCS

BL Add Mss 58564 Vol. CXVIII (ff. 278). Correspondence with Marie C Stopes.

BL Add Mss 58589 Vol. CXLIII (ff.379). CBC and Mothers' Clinic London. Agendas, Minutes.

BL Add Mss 58590 Vol. CXLIV CBC and Mothers' Clinic London. Agendas, Minutes.

BL Add Mss 58596 Vol.CL (ff.370).1921-1925.Correspondence and papers.

BL Add Mss 58597 Vol.CLI (ff.319).1926-1930. Correspondence and papers.

BL Add Mss 58598 Vol.CLII A (ff.313).1931-1935. Correspondence and papers.

BL Add Mss 58621 Vol CLXXV (ff.281).Caravan Clinics 1926-1929.

BL Add Mss 58622 Vol CLXXVI (ff.315).Caravan Clinics 1930-1931.

BL Add Mss 58623 Vol CLXXVII (ff.57).Caravan Clinics 1932-1933.

BL Add Mss 58638 Vol. CXCXVII (ff.175). Lambert and Son afterw. Lamberts (Dalston) Ltd. *afterw.* Lamberts Prorace Ltd. Correspondence with Marie Stopes 1920-1957

BL Add Mss 58644 Vol. CXCXVIII (ff.120).Eugenics Society 1920-1930.

BL Add Mss 58770 Vol. CCCXXIV (ff.57). Miscellaneous Photographs.

BL Add Mss 59848 Supplementary Stopes papers (ff.71).

Records relating to Marie Stopes held at the PRO under the catalogue entry HO

HO 45/24782 Birth control and abortion. Correspondence with Stopes re the Hannah Brown case.

HO 45/11382 Entertainment's-film based on the book '*Married Love*' by Marie C Stopes.

HO 251/160 Press refusal to accept birth control advertisements-complaint by Marie Stopes.

Miscellaneous items

GC/39/4 Letter from Mrs Woodside to the CMAC containing reminiscences about the Belfast Mother's Clinic and Marie Stopes.

Central Midwives Board (CMB) held at the PRO Kew under catalogue entry DV

DV1/9 Central Midwives Board Minutes 1920-1922.

DV1/10 Central Midwives Board Minutes 1922-1924.

DV1/11 Central Midwives Board Minutes 1925-1927.

DV1/12 Central Midwives Board Minutes 1927-1930.

DV1/13 Central Midwives Board Minutes 1930-1934.

DV 2/16 Central Midwives Board Annual Report for year ending 1924.

DV 2/23 Central Midwives Board Annual Report for year ending 1931.

DV 3/6 Central Midwives Board Rules of Conduct Sixth Edition 1921.

DV 3/10 Central Midwives Board Rules of Conduct Tenth Edition 1928.

DV 7/10 Central Midwives Board Midwives Roll 1912.

DV7/6 Central Midwives Board Midwives Roll 1908

DV7/18 Central Midwives Board Midwives Roll 1920

DV7/20 Central Midwives Board Midwives Roll 1922

DV 7/26 Central Midwives Board Midwives Roll 1928.

DV 7/30 Central Midwives Board Midwives Roll 1931.

DV 7/35 Central Midwives Board Midwives Roll 1936.

DV 7/36 Central Midwives Board Midwives Roll 1938.

Records relating to the General Nursing Council held at the PRO Kew under the catalogue entry GNC

DT 5/270 Agendas and Reports GNC Education and Examinations Committee
July 29th 1924-July 4th 1928.

DT 5/271 Agendas and Reports GNC Education and Examinations Committee
Dec 13th 1928-June 17th 1931.

DT 26/1 General Nursing Council for England and Wales: Examinations: Final
Intermediate and Preliminary Examination Papers 1925-1927.

DT 26/1 General Nursing Council for England and Wales: Examinations: Final
Intermediate and Preliminary Examination Papers 1927-1950.

DT 38/1 General Nursing Council Syllabus (undated).

DT 38/2 General Nursing Council Syllabus (1923).

DT 38/3 General Nursing Council Syllabus (1931).

Records relating to birth control in the Ministry of Health held at the PRO Kew under the catalogue entry MH

MH 79/263 Instruction in methods of birth control: Maternity and Child Welfare Centres 1925-1929.

MH 52/221 Birth control 1931.

MH 52/177 North Kensington Women's Welfare Centre, Gynaecological and Birth Control Clinic, 12 Telford Road, Ladbroke Grove.

MH 52 /221 Birth control 1931.

MH 52 /230 Birth control 1928-1935.

MH 52 /325 Birth control 1932.

Records relating to the Birmingham Women's Settlement held in the Local Studies Department at the Central Reference Library Birmingham

Birmingham Women's Settlement Summer Lane. Annual Report 1909.

Birmingham Women's Settlement Summer Lane. Annual Report 1911.

Birmingham Women's Settlement Summer Lane. Annual Report 1912.

Birmingham Women's Settlement Summer Lane. Annual Report 1915.

Birmingham Women's Settlement Summer Lane. Annual Report 1916.

Birmingham Women's Settlement Summer Lane. Annual Report 1917.

Primary sources: published

Official documents

Report of the Inter-Departmental Committee on Physical Deterioration. Volume One: Report and Appendix (Cd. 2175) London:HMSO;1904-1905.

Ministry of Health. *Interim Report of the Interdepartmental Committee on Maternal Mortality and Morbidity* .London: HMSO; 1930.

Ministry of Health Home Office. *Report of the Inter-Departmental Committee on Abortion* London: HMSO;1939.

The Lambeth Conference. *Encyclical letter from the Bishops with Resolutions and Reports*. London: 1930.

Periodicals

Birth Control News
The British Journal of Nursing
The British Medical Journal
The Lancet
Nursing Times
Nursing Mirror
Sunday Worker

Newspapers

Daltons Weekly
Northamptonshire Evening Telegraph
Leeds Mercury
Manchester Sunday Chronicle
The Times

Contemporary Articles

Himes, N. Birth control handbills of 1823. *The Lancet*. 1927 6th Aug: CCXIII (II); pp.313-316.

Himes N. and Himes V. Birth Control for the British Working Classes: A Study of the First Thousand Cases to Visit an English Birth Control Clinic. *Hospital Social Service*. 1929: XIX; pp.578-617.

Stopes M.C. Positive and Negative Control of Conception in its various technical aspects. Reprint from the *Journal of State Medicine*. 1931: XXXIX (6); A.R.Elliot Publishing Co; 1931 pp. 354-360.

Contemporary Books

Allbutt H.A. *The Wife's Handbook, how a Woman should order Herself during Pregnancy, in the Lying-in Room, and after Delivery. With hints on the Management of the baby and on other matters of importance, necessary to be known by married women.* 2nd edition. London: J. Ramsey; 1886.

Begbie E.H. *Marie Stopes: her mission and her personality. An impression portrait.* London: G.P. Putnam's Sons; 1927.

Besant A. *The Law Of Population: Its Consequences and Its bearing upon Conduct and Morals.* London; The Freethought Publishing Company; 1884.

Booth C. *Labour and life of the people in London*. London: Macmillan and Co.Ltd; 1903
Booth C. *Labour and life of the people in London*. London: Macmillan and Co.Ltd; 1903.

Bright Banister J. Bourne A.W. Davies T.B. Rivett L.C. Phillips G. and Lane-Roberts C.S. *The Queen Charlotte's Practice of Obstetrics*. London: J & A Churchill; 1927.

Florence L.S. *Birth Control on Trial*. London: George Allen and Unwin Ltd; 1930.

Himes N. E. *Medical history of contraception*. New York: Schocken Books; 1970.

How Martyn E. and Breed M. *The birth control movement in England*. London: John Bale, Sons and Danielsson; 1930.

Johnstone R.W. *A textbook of midwifery for students and practitioners*. 5th edition. London: A&C Black Ltd; 1926.

Knowlton C. *Fruits of Philosophy: an essay on the population question*. London: Forder; 1894.

Llewelyn Davies M. *The Women's Co-Operative Guild 1883-1904*. Kirby Lonsdale :Women's Co-Operative Guild;1904.

Maude A. *Marie Stopes: her work and play*. 2nd edition. London: Peter Davies; 1933.

Pankhurst E.S. *The Home Front: mirror of life in England during the First World War*. London: Hutchinson Publishing Group Ltd; 1932.

Spring Rice M. *Working-Class Wives: Their Health and Conditions*. London: Virago; 1981. (First published in 1939 by Harmondsworth: Pelican).

Stopes M. *Man and other poems: a preface*. London: Heinemann; 1914.

Stopes M.C. *Married Love. Preface*. London: A.C.Fifield; 1918.

Stopes M.C. *Early Days of Birth Control*. 2nd edition. London: Putnam and Sons; 1922.

Stopes M.C. *Wise Parenthood: The Treatise on Birth Control for Married People, A Practical Sequel to "Married Love"*. 10th edition. London: G.P.Putnam's Sons Ltd; 1923.

Stopes M.C. *Married Love*. 18th edition. London: Putnam and Sons; 1923.

Stopes, M.C. *Contraception-its' theory history and practice*. London:John Bale,Sons and Danielsson Ltd;1923.

Stopes M.C. *A Letter to Working Mothers On How to Have Healthy Children and Avoid Weakening Pregnancies*.2nd edition London: Mothers' Clinic; 1923.

Stopes M.C. *The First Five Thousand. Being The First Report of the First Birth Control Clinic in the British empire, 'The Mothers' Clinic For Constructive Birth Control at 61, Malborough Road, Holloway, London N19.* London: John Bale, Sons & Danielsson; 1925.

Stopes, M.C. (ed). *Mother England. A contemporary history.* London: John Bale, Sons & Danielsson Ltd.; 1929.

Stopes M.C. *Preliminary notes on various technical aspects of the control of conception based on the analysed data from ten thousand cases attending the Pioneer Mothers' Clinic London.* London: Mothers' Clinic; 1930.

Stopes M. C. *Roman Catholic Methods of Birth Control.* London: Peter Davies; 1933.

Stopes M.C. *Birth Control Today A Practical handbook For Those Who want To Be Their Own Masters In This Vital Matter.* London: John Bale, Sons & Danielsson Ltd; 1934.

Stopes M.C. *Contraception-its' theory history and practice.* 5th edition. London: Putnam; 1941.

Webb C. *The Woman with the Basket. The History of the Women's Co-Operative Guild 1883-1927.* London: Women's Co-operative Guild; 1927.

Women's Co-Operative Guild. *Maternity-Letters from Working-Women.* London: G. Bell and Sons Ltd; 1915.

Secondary sources: published

Articles

Bullough V.L. Bullough B. and Wu Yow-Wu B. Achievement of Eminent American Nurses of the Past: A Prosopographical Study. *Nursing Research*. 1992 Mar-April: 41(2); pp 120-124.

Christy T.E. The methodology of historical research: a brief introduction. *Nursing Research*. 1975 May-June: 24 (3); pp. 189-192.

Church D. Historiography in nursing research. *Western Journal of Nursing Research*. 1987: 9(2) pp. 275-279.

Cohen D. Private Lives in Public Spaces: Marie Stopes, the Mothers' Clinics and the Practice of Contraception. *History Workshop Journal*. 1993 Spring: Issue 35; pp. 95-116.

Connolly C.A. Beyond social history: New approaches to understanding the state of and the State in nursing history. *Nursing History Review* 2004:12; pp 5-24.

- Cooper H.M. Organizing knowledge syntheses: A taxonomy of literature reviews. *Knowledge and Society*.1988 1; pp.104-126.
- Currie M. The rise and demise of fever nursing. *IHNJ*. 1997 Autumn: 3 (1); pp.5-19.
- Cushing A .Method and theory in the practice of nursing history. *IHNJ*. Winter 1996: 2 (2); p.6.
- Davey C. Birth Control in Britain during the Inter-war years: evidence from the Stopes' correspondence. *Journal of Family History*.1988:13 (3); pp. 329-345.
- Davies C. Where next for nursing history? *Nursing Times*.1980 May 22; pp. 920-922.
- Davies C. Rewriting Nursing History-again. *Nursing History Review*.2007:15; pp.11-
- Davin A. Imperialism and Motherhood. *History Workshop Journal*.1978 Spring: 5; pp 9-66.
- European Society of Human Reproduction and Embryology Capri Workshop Group. Fertility and ageing. *Human Reproduction Update*.2005 April 7th:11(3); pp.261-276.
- Faulkner E. 'Powerless to prevent him'. Attitudes of Married Working-Class Women in the 1920s and the Rise of Sexual Power. *Local Population Studies*. 1992 Autumn :49; pp 51-61.
- Ferguson M. Reflections on teaching a history of nursing-1.Occasional Papers. *Nursing Times*.1979 November: 75 (29); pp.117-120.
- Fisher K. She was quite satisfied with the arrangements I made: Gender and Birth Control in Britain 1920-1950.*Past and Present*. 2000:169; pp.161-193.
- Fisher K. Uncertain Aims and Tacit Negotiation: Birth Control Practices in Britain, 1925-1950. *Population and Development Review*.2000:26(2); pp. 295-317.
- Fisher K. and Szreter S. They Prefer Withdrawal: The Choice of Birth Control in Britain, 1918-1950. *Journal of Interdisciplinary History*.2003: XXXIV 2; pp.263-291.
- Fisher K. Contrasting cultures of contraception: Birth control clinics and the working classes in Britain between the wars. *Clio Medica*. 2002: 66; pp.141-147.
- Gittens D. Married Life and Birth Control between the Wars. *Oral History*. 1975 Autumn: 3 (2); pp.53-64.
- Gittens D.Women's work and family size between the wars. *Oral History .Women's History Issue*. 1977:5 (2); pp 84-100.

Geppert A. C. T. Divine Sex, Happy Marriage, Regenerated Nation: Marie Stopes' Marital Manual Married Love and the Making of a Best-Seller, 1918-1955. *Journal of the History of Sexuality* 1998 :8 (3); p.389-433.

Hall L.A. Illustrations from the Wellcome Institute Library. The Eugenics Society Archives in the Contemporary Medical Archives Centre. *Medical History*. 1990: 34; pp.327-333.

James J.W. Writing and rewriting nursing history. A review essay. *Bulletin of the History of Medicine*.1984:58:p.p 568-584.

Jones G. Marie Stopes in Ireland–The Mothers' Clinic in Belfast 1936-47. *Social History of Medicine*.1992: 5(2) ;255-277.

Kirby S. Teaching nursing history: the Redwood experience. *Nurse Education Today*. 1998: 18; pp.310-316.

Kirby S. The resurgence of oral history and the new issues it raises. *Nurse Researcher* 1997/1998 Winter: 5 (2); pp. 45-58.

Knight P. Women and Abortion in Victorian and Edwardian England. *History Workshop*. 1977: 4 ;pp.57-69.

Macnicol J. Eugenics and the campaign for voluntary sterilization in Britain between the wars. *The Society for the Social History of Medicine*.1989 Aug: ; pp. 147-169.

Maggs C. A history of nursing: a history of caring? *J.Adv Nurs*.1996 Mar: 23 (3); pp.630-635.

McIntosh, T. An Abortionist City. Maternal Mortality, Abortion, and Birth Control in Sheffield, 1920-1940. *Medical History*. 2000:44; pp. 75-96.

McGann S. Archival sources for research into the history of nursing. *Nurse Researcher*. Winter 1997/1998:5 (2); pp. 19-29.

McLaren A. Women's Work and Regulation of Family Size. *History Workshop*.1977: 4; pp.70-81.

Nelson S. The Fork in the Road: Nursing History Versus the History of Nursing? *Nursing History Review*.2002:10; pp.175-188.

Newby M. Problems in teaching nursing history 2.Occasional papers. *Nursing Times*.1979 November 29th ; pp.125-128.

Palmer S. Nursing's Heritage. *Annual Review of Nursing Research*.1986: 4: pp.237-257.

Parkes A.S. King D. The third Marie Stopes memorial lecture. The Mothers' Clinic.

*J.Biosoc.Sci.*1974 April: 6 (2); pp.162-182.

Peel J. The Manufacture and Retailing of Contraceptives in England. *Population Studies*.1963:17; p.119.

Peel J. Contraception and the Medical Profession. *Population Studies*.1964:18; pp.134-146.

Rafferty A.M. Writing, researching and reflexivity in nursing history. *Nurse Researcher*. Winter 1997/1998: 5 (2): pp.5-16.

Rands G. In the family way. The family planning nurse: One. *Nursing Times*.1984 March 28th;pp.29-30.

Rayner R. J. The private and public life of a paleobotanist. *South African Journal of Science*. October 1991:87; p.474-477.

Simms M.. Midwives and Abortion in the 1930s. *Midwife and Health Visitor*. 1974 May: 10; pp.114-116.

Simms M. Parliament and birth control in the 1920s. *Journal of the Royal College of General Practitioners*.1978 28th February; pp.83-87.

Seccombe W. Starting to Stop: Working-Class Fertility Decline in Britain. *Past and Present*. 1990:126; pp.151-188.

Stone L. Prosopography. *Daedalus* 1971 Winter: 100 (1); p.46.

Summers A. Images of the nineteenth century nurse. *History Today* 1984 December: 34(12); pp 40-42.

Szreter S., Nye R.A. and van Poppel F. Fertility and Contraception during the Demographic Transition: Qualitative and Quantitative Approaches. *Journal of Interdisciplinary History*. 2003: XXXIV (2); pp. 141-154.

Taylor L. The Unfinished Sexual Revolution. *Journal of Biosocial Science*. 1971:3; pp. 473-492.

White R. The development of the Poor Law Nursing Service 1848-1948. A discussion of the historical method and a summary of the findings. *International Journal of Nursing Studies*.1977:14; pp.19-27.

Wright H. Early days at Walworth. *Family Planning*. 1953: 1 (4); p. 7.

Wright H. Fifty years of family planning. *Family Planning*. 1972: 21(4); pp.89-91.

Books

Abel-Smith B. *A History of the Nursing Profession*. London: Heinemann; 1960.

Aldred G. A. *No Traitors Gait The Life and Times of Guy A Aldred Vol 3*. London :Strickland Press;1963;

Allen P. and Jolley M. (eds). *Nursing, midwifery and health visiting since 1900*. London:Faber and Faber;1982.

Arnold J.H. *History.A very short introduction*. Oxford: Oxford University Press;2000.

Arnstein W. *The Bradlaugh Case. A study in late Victorian Politics*. Oxford: Oxford University Press; 1965.

Baly M. *Nursing and Social Change*. 3rd edition. London: Routledge; 1994.

Banks J. A. and Banks O. *Feminism and birth control in Victorian England*. Liverpool: Liverpool University Press; 1964.

Bendall E. and Raybould E. *A history of the General Nursing Council for England and Wales 1919-1969*. London:H.K. Lewis and Co Ltd; 1969.

Booth C. *Labour and life of the people in London*. London:Macmillan and Co.Ltd; 1903.

Bowman G. *The Lamp and the Book; the Story of the Royal College of Nursing, 1916-1966*. London: Queen Anne Press; 1967.

Box M. (ed).*The trial of Marie Stopes*. London: Femina Books; 1967.

Briant K. *Marie Stopes-A biography*. London: The Hogarth Press; 1962.

Bridges C. *A History of the International Council of Nurses 1899-1964*. London: Pitman Medical Publishing; 1967.

Brookes B. *Abortion in England 1900-1967*. London: Croom Helm; 1988.

Butterfield H. *The Whig interpretation of history*. London:G.Bell and Sons Ltd; 1950.

Carr E.H. *What is history?* 2nd edition. London: Pelican; 1987.

Coleman D. Salt J. *The British population-patterns, trends and processes*. Oxford: Oxford University Press; 1992.

Cook H. *The Long Sexual Revolution. English Women,Sex, and Contraception 1800-1975*.Oxford:Oxford University Press;2004.

Court A. Walton C. *Birmingham Made a Difference*.Birmingham: Barn Books; 2001.

Curtis L. *Winged Odyssey. The flying career of Mary du Caurroy Duchess of Bedford*. Surrey: Air Research Publications; 1993.

Davies C. (ed). *Rewriting nursing history*. London: Croom Helm; 1980.

Davies C. *Gender & the Professional Predicament in Nursing*. Buckingham: The Open University Press; 1995.

De Montfort University. *Research Degree Regulations of De Montfort University*. Leicester: De Montfort University; 2000. pp.18-19.

Dickens E. *Immaculate Contraception: The Extraordinary Story of Birth Control from the First Fumblings to the Present Day*. London: Robson Books; 2000.

Dingwell R. Rafferty A.M. and Webster C. *An Introduction to the Social History of Nursing*. London: Routledge; 1988.

Dock L. Stewart I. *A short history of nursing from the earliest times to the present day*. 4th edition. New York: G.P. Putnam's Sons; 1938.

Donnison J. *Midwives and Medical Men. A History of the Struggle for the Control of Childbirth*. New Barnet and London: Historical Publications Ltd; 1988.

Drake, M. Finnegan, R. (eds). *Sources and Methods for Family and Community Historians: A Handbook Volume 4 Studying family and Community History 19th and 20th Centuries*. Cambridge: Cambridge University Press in association with The Open University; 1997.

Eaton P. and Warwick M. *Marie Stopes A preliminary checklist of her writings together with some biographical notes*. London: Croom Helm; 1977.

Evans R. *In Defence of History*. London: Granta; 1997.

Evans B. *Freedom to choose*. London: The Bodley Head; 1984.

Everett S. *Handbook of contraceptive and sexual health*. 2nd edition. Edinburgh: Balliere Tindall; 2004.

Florence L.S. *Progress Report on Birth Control*. London: Heinemann Medical Books; 1956.

Fraser D. *The Evolution of the British Welfare State*. 2nd edition. Basingstoke and London: Macmillan; 1984.

Fryer P. *The Birth Controllers*. London: Transworld; 1965.

Fryer P. *British Birth Control Ephemera 1870-1947*. A catalogue of the collection of David Collis (The Collis collections). Leicester: The Barracuda Press; 1969.

- Gardiner P. *The Nature of Historical Explanation*. Oxford: Oxford University Press; 1961.
- Gittins D. *Fair Sex: Family size and structure, 1900-39*. London: Hutchinson Education; 1982.
- Graves P.M. *Labour Women. Women in British Working-Class Politics 1918-1939*. Cambridge: Cambridge University Press; 1994.
- Green S. *The curious history of contraception*. London: Ebury Press; 1971.
- Greer G. *Sex and Destiny: The Politics of Human Fertility*. New York: Harper and Row; 1984.
- Guillebaud J. *Contraception. Your questions answered*. 4th edition. Edinburgh: Churchill Livingstone; 2004.
- Hall R. *Marie Stopes: a biography*. London: André Deutch; 1977.
- Hall R. (ed). *Dear Dr Stopes: Sex In the 1920s*. London: André Deitch; 1978.
- Harris J. *Private lives public spirit: Britain 1870-1914*. London: Penguin; 1993.
- Henige D. *Oral historiography*. London: Longman; 1982.
- Higgs E. *A clearer sense of the census: the Victorian censuses and historical research*. London: HMSO; 1996.
- Hockett H. *The critical method in historical research and writing*. Toronto: The Macmillan Company; 1955.
- Hoggart L. *Feminist campaigners for birth control and abortion rights in Britain Studies in British History Volume 69*. Lewiston: The Edwin Mellen Press; 2003.
- Keown J. *Abortion, doctors and the law*. Cambridge: Cambridge University Press; 1988.
- Kerr M. *The people of Ship Street*. London: Routledge and Kegan Paul; 1958.
- Leap N. and Hunter B. *The Midwife's Tale: An oral history from handywoman to professional midwife*. London: Scarlett Press; 1993.
- Leathard A. *The fight for family planning*. London: The Macmillan Press; 1980.
- Ledbetter R. *The history of the Malthusian League*. Columbus: Ohio State University Press; 1976.

- Lewis J. *Politics of Motherhood: Child and Maternal Welfare England, 1900-1939*. London: Croom Helm; 1980.
- Lewis J. *Women in England 1870-1950. Sexual divisions and social change*. Brighton: Indiana University Press; 1984.
- Luker K. *Abortion and the Politics of Motherhood*. Berkeley: University of California Press; 1984.
- Lumas S. *Making use of the census*. 4th edition. Richmond: Public Record Office; 2002.
- Lummis T. *Listening to history: the authenticity of oral evidence*. London: Hutchinson; 1987.
- Maggs C. *The Origins of General Nursing*. London: Croom Helm; 1983.
- Marks L. *Model Mothers. Jewish Mothers and Maternity provision in East London 1870-1939*. Oxford: Clarendon Press; 1994.
- Marks L. *Metropolitan Maternity: Maternal and Infant Welfare Services in Early Twentieth Century London*. Rodopi B.V; 1996.
- Marwick A. *The Deluge. British Society and the First World War*. 2nd edition. London: Macmillan; 1991.
- Marwick A. *The New Nature of History: Knowledge, Evidence, Language*. Basingstoke: Palgrave; 2001.
- Mazumdar P.M. *Eugenics, human genetics and human failings: the Eugenics movement, its sources and critics in Britain*. London: Routledge; 1992.
- McLaren A. *Birth control in nineteenth century England*. London: Croom Helm; 1978.
- McLaren A. *Reproductive Rituals*. London: Methuen; 1984.
- McLaren A. *A history of contraception from antiquity to the present day*. Oxford: Basil Blackwell; 1990.
- McLaren A. *Twentieth Century Sexuality. A History*. Oxford: Blackwell; 1999.
- Mitchison R. *British Population Change Since 1860*. London: Macmillan Press Ltd; 1977.
- Mowatt C. *Great Britain since 1914*. London: Hodder and Stoughton; 1989.
- Nolan P. *A History of Mental Health Nursing*. Cheltenham: Stanley Thornes; 1998.

- Novick P. *That noble dream: The "Objectivity" question and the American historical profession*. Cambridge: Cambridge University Press; 1988.
- Nutting M.A. and Dock L.L. *A history of nursing, 2 volumes*. New York :Putnams; 1907.
- Oakley A. *The captured womb: A history of the medical care of pregnant women*. London: Blackwell; 1985.
- Pearce I. and Crocker L. *The Peckham experiment. A study in the living structure of society*. London: George Allen and Unwin Ltd; 1943.
- Petchesky R. P. *Abortion and Woman's Choice: The State, Sexuality and Reproductive Freedom*. Boston: North Eastern University Press; 1991.
- Plummer K. *Documents of life: an introduction to the problems and literature of a humanistic method. Contemporary social research series; 7*. London: Allen and Unwin; 1983.
- Ponting C. *Winston Churchill*. London: Sinclair-Stevenson Ltd; 1994.
- Pressnell J. *Touring Caravans*. Princes Risborough: Shire Publications Ltd; 1991.
- Rafferty A.M. *The Politics of Nursing Knowledge*. London: Routledge; 1996.
- Rafferty A. M. Robinson J. and Elkan R. (eds). *Nursing history and the politics of welfare*. London: Routledge; 1997.
- Reffold A.E. *Wilson Carlile and the Church Army*. 5th edition. Cowley Oxford: Church Army Press; 1956.
- Rimmer J. *Troubles Shared. The story of a Settlement 1899-1979*. Birmingham: Phlogiston Publishing Ltd; 1980;
- Rivett G. *From Cradle to Grave-50 years of the NHS*. London: Kings Fund; 1998.
- Roberts R. *The classic slum. Salford Life in the first quarter of the century*. Manchester: Manchester University Press; 1971.
- Robertson W.H. *An illustrated history of contraception- a concise account of the quest for fertility control*. New Jersey: Parthenon; 1990.
- Rose J. *Marie Stopes and the sexual revolution*. London: faber and faber; 1993.
- Rover C. *Love, Morals and the Feminist*. London: Routledge & Kegan Paul; 1970.
- Rowbotham S. *Hidden from History: 300 years of Women's Oppression and the Fight Against It*. London: Pluto Classic; 1992.

- Rowntree S. *Poverty: A study of town life*. London: Thomson Nelson and Sons; 1902.
- Royal College of Nursing. *Research Ethics-Guidance for nurses involved in research for any investigative project involving human subjects*. London: The Royal College of Nursing; 1998.
- Russell D. *The Tamarisk Tree. My quest for liberty and love*. London:Elek/Pemberton;1975.
- Sanger M. *My fight for Birth Control*. New York: Farrar & Rinehart; 1931.
- Sanger M. *An Autobiography*.New York:W.W.Noton; 1938.
- Scott G. *Feminism and the politics of working women*. London: UCL Press; 1998.
- Searle G.R. *Eugenics and Politics in Britain 1900-1914*.Leyden; Noordhoff International Publishing; 1976.
- Shorter E. *Women's Bodies. A Social History of Women's Encounter With Health, Ill-Health, and Medicine*. New Brunswick and London: Transaction Publishers; 1991.
- Soloway R.A. *Birth Control and the Population Question in England, 1877-1930*. Chapel Hill: University of North Carolina Press; 1982.
- Stocks M. *A Hundred Years of District Nursing*. London: Allen and Unwin; 1960.
- Stocks M. *My Commonplace Book*. London: P. Davies; 1970.
- Stocks M. *Still More Commonplace*. London: P.Davies; 1973.
- Stopes-Roe H.V. with Scott I. *Marie Stopes and Birth Control; Pioneers of Science and Discovery*. London: Priory Press Ltd; 1974.
- Streubert H.J. and Carpenter D.R. *Qualitative research in nursing: advancing the humanistic imperative*. Philadelphia: J.B.Lippincott Company; 1995.
- Suitters B. *The history of contraceptives*. London: International Planned Parenthood Federation; 1967.
- Sutton M. *'We didn't know aught': a study of sexuality, superstition and death in women's lives in Lincolnshire during the 1930s, 40s and 50s*. Stamford: Paul Watkins; 1992.
- Szreter S. *Fertility, class and gender in Britain 1860-1940*.Cambridge; Cambridge University Press; 1996.

Thane P. *Foundations of the Welfare State*. 2nd edition. London and New York: Longman; 1996.

Thompson P. *The Edwardians: the remaking of British society*. London: Weidenfeld and Nicolson; 1975.

Thompson P. *The voice of the past: oral history*. Oxford: Oxford University Press; 2000.

Thompson F.M.L. *The rise of respectable society*. London: Fontana; 1988.

Tonkin E. *Narrating our pasts: the social construction of oral history*. Cambridge: Cambridge University Press; 1992.

Tooley S.A. *The life of Florence Nightingale*. London: S.H. Bousfield & Co Ltd; 1904.

Tooley S.A. *The history of nursing in the British Empire*. London: S.H. Bousfield & Co. Ltd; 1906.

Varney H. Kriebs J.M. and Geger C.L. *Varney's Midwifery*. 3rd edition. Sudbury Mass: Jones and Bartlett; 2004.

Wake R. *The Nightingale Training School 1860-1996*. London: Haggerston Press; 1996.

Ward A. *Copyright ethics and oral history*. Colchester: University of Essex; 1995.

Warwick E. *Marie Stopes a preliminary checklist of her writings*. London: Croom Helm; 1976.

Webb B. *My Apprenticeship*. Cambridge: Cambridge University Press; 1980.

White R. *Social Change & The Development of the Nursing Profession: A Study of the Poor Law Nursing Service 1848-1948*. London: Henry Kimpton Publishers; 1978.

Wood C. and Suitters B. *The fight for acceptance: a history of contraception*. Aylesbury: Medical and Technical; 1970.

Wootton G. *The official history of the British Legion*. London: MacDonald and Evans; 1956.

Wrigley E A. *Identifying people in the past*. London: Edward Arnold; 1973.

Yow V.R. *Recording oral history: a practical guide for social scientists*. London: Sage; 1994

Chapters

Armstrong.W.A. Part 1. A basis for social stratification in Nineteenth-Century Society. In: Wrigley E.A. (ed). *Essays in the use of quantitative methods for the study of social data*. Cambridge: Cambridge at the University Press; 1972 pp198-225.

Armstrong.W.A. Part 2. An industrial classification 1841-1941. In: Wrigley E.A. (ed). *Essays in the use of quantitative methods for the study of social data*. Cambridge: Cambridge at the University Press; 1972 pp.226-310.

Bent. E.A. The growth and development of midwifery. In: Allen P. and Jolley M. (eds). *Nursing, midwifery and health visiting since 1900*. London: Faber and Faber; 1982 pp.180-195.

Burke P. Overture. The New History: Its Past and its Future. In: Burke P. (ed). *New perspectives on historical writing*. 2nd edition. Pennsylvania: Pennsylvania State University Press; 2001 pp.1-24.

Brookes B. Women and Reproduction, 1860-1939. In: Lewis J. (ed). *Labour and Love: women's experience of home and family, 1850-1940*. Oxford: Basil Blackwell; 1986 pp. 149-171.

Bruce C. Supervising literature reviews. In: Zuber-Skerritt and O. Ryan Y. (eds). *Quality in postgraduate education*. London: Kogan Page; 1994 pp 143-155.

Cohen D. Marie Stopes and the Mothers' Clinics. In: Peel R.A. (ed). *Marie Stopes, Eugenics and The English Birth Control Movement*. London: The Galton Institute; 1997 pp.77-94.

Coleman D.A. Population. In: Halsey A.H. (ed). *British Social Trends since 1900- A Guide to The Changing Social Structure of Britain*. 2nd edition. London: Macmillan Press Ltd; 1988 pp.36-134.

Davies C. Introduction: The Contemporary Challenge in Nursing History. In: Davies C. (ed). *Rewriting Nursing History*. London: Croom Helm; 1980 pp.1-10.

D'Cruze S. Women and the family. In: Purvis J (ed). *Women's History: Britain 1850-1945. An Introduction*. London: Routledge; 1995 pp.51-83.

Dingwell R. Rafferty A.M. and Webster C. Midwifery. In: Dingwell R. Rafferty A.M. and Webster C. (eds). *An Introduction to the Social History of Nursing*. London: Routledge; 1988 pp.145-172.

Finnegan R. and Thomas R. Documentary sources, statistical records and databases. In: Finnegan R. and Thomas R. (eds). *Principles of Social and Educational Research DEH 313 Block 3 Unit 13*. Milton Keynes: Open University; 1993 pp. 89-121.

Fisher K. The delivery of birth control advice in South Wales between the wars. In: Bornat J. Perks R. Thompson P. and Walmsley J. *Oral History, Health and Welfare*. Routledge: London; 2000 pp.249-269.

Golby J. Newspapers. (Section 7) Using written sources; some key examples. In: Drake M. and Finnegan R. (eds). *Sources and methods for Family community historians: a handbook*. Cambridge: Cambridge University Press; 1994 pp. 98-101.

Gottschalk L. The historian and the historical document. In: Gottschalk L. Kluckhohn C. and Angell R. (eds). *The use of personal documents in history, anthropology and sociology*. New York: Social Science Research Council; 1945 pp.3-75.

Hall L.A. Stopes and her correspondents: Personalizing population decline in an era of demographic change. In: Peel R.A. (ed). *Marie Stopes, Eugenics and The English Birth Control Movement*. London: The Galton Institute; 1997 pp.27-48.

Hall L.A. A suitable job for a Woman: Women Doctors and Birth Control to the inception of the NHS. In: Hardy A. Lawrence I. and Conrad. X. (eds). *Women and Modern Medicine*. Amsterdam/Atlanta G.A: Rodopi BV; 2001 pp.127-148.

Harrison B. Women and Health. In: Purvis J (ed). *Women's History: Britain 1850-1945. An Introduction*. London: Routledge; 1995 pp.157-192.

Hoggart L. The campaign for birth control in Britain in the 1920s. In: Digby A. and Stewart J. (eds). *Gender, Health and Welfare*. London: Routledge; 1996 pp. 143-166.

Jolley M. Darling V. and Lee M. General Nursing. In: Allen P. and Jolley M. (eds). *Nursing, midwifery and health visiting since 1900*. London: Faber and Faber; 1982 pp.64-79.

Krampitz S. Research Design: Historical. In: Krampitz S. and Pavlovich N. (eds). *Readings for nursing research*. St.Louis: Mosby; 1981 pp. 54-58.

Kruman M. Historical method: implications for nursing research. In: Leininger M. (ed). *Qualitative research methods in nursing*. Orlando: Grune and Stratton; 1985 pp.109-118.

Maggs C. Nursing as historiography. In: *Kings Fund Centre: New perspectives in Nursing History: A Forum at the Kings Fund Centre Friday 10th September 1982*. London: Kings Fund; 1982.

Marwick A. Primary sources: handle with care. In: Drake M. and Finnegan R. (eds). *Sources and methods for family and community historians: A handbook. Volume 4 Studying family and community history 19th and 20th centuries*. Cambridge: Cambridge University Press in association with the Open University; 1997 pp.16-24.

Matejski M. Historical research: the method. In: Munhall P.L. and Oiler C.J. (eds). *Nursing Research-A Qualitative Perspective*. Connecticut: Appleton-Century-Crofts-Norwalk; 1986 pp.175-193.

Mills D. Drake M. The census 1890-1991. In: Drake M. and Finnegan R. (eds). *Sources and methods for Family community historians: a handbook*. Cambridge: Cambridge University Press; 1994 pp. 48-49.

Mortimer B. The history of nursing: yesterday, today and tomorrow. In: Mortimer B. and McGann S. (eds). *New Directions in the History of Nursing: international perspectives*. London: Routledge; 2005 pp.1-21.

Peel J. Introduction. In: R.A. Peel (ed). *Marie Stopes, Eugenics and The English Birth Control Movement*. London: the Galton Institute; 1997 pp. 1-12.

Purvis, J. 'From "women worthies" to post structuralism? Debate and controversy in women's history in Britain. In: Purvis J. (ed). *Women's History: Britain 1850-1945 An Introduction*. London and New York: Routledge; 1995 pp. 1-22.

Rafferty A. M. Historical Research. In: Cormack, D. (ed). *The Research Process in Nursing*. 4th edition. London; Blackwell Science. 2000 pp. 199-212.

Rhodes M. The contribution of professional education and training to becoming a midwife, 1938-1951. In: Bornat J. Perks R. Thompson P. and Walmsley J. (eds). *Oral History, Health and Welfare*. London: Routledge; 2000 pp.119-138.

Sangster J. Telling our stories-feminist debates and the use of oral history. In: Perks R. Thomson A. (eds.). *The oral history reader*. London and New York: Routledge; 1998 pp. 87-100.

Soloway R.A. The Galton Lecture 1996: Marie Stopes, Eugenics and the Birth Control Movement. In: Peel R.A. (ed). *Marie Stopes, Eugenics and The English Birth Control Movement*. London: the Galton Institute; pp. 49-76.

Yow V. Do I like them too much? Effects of the oral history interview on the interviewer and vice-versa. In: Perks R. and Thomson A. *The Oral History Reader*. 2nd edition. London and New York: Routledge; 2006 pp.54-72.

Unpublished Theses and Dissertations

Brand P. An historical study of the education and training of family planning nurses. Unpublished MSc Dissertation RCN IANE in conjunction with Manchester University; 1994.

Fisher K. An Oral History of Birth Control Practice c.1925-50: A Study of Oxford and South Wales. Unpublished D.Phil thesis. Oxford University; 1997.

Hawkins S. *Myth and Reality: uncovering and discovering the nurses of St George's Hospital, London, 1850-1900*. Unpublished Ph.D. thesis. Kingston University; 2007.

Leathard A.M. *The development of family planning services in Britain 1921-1974*. Unpublished Ph.D. thesis London School of Economics; 1978.

Mitchell D. *No claim to be called sick nurses at all. An historical study of learning disability nursing*. Unpublished Ph.D. thesis. South Bank University; 2000.

Sweet H. *District Nursing in England and Wales c.1919-1979, in the Context of the Development of a Community Health Team*. Unpublished Ph.D. thesis. School of Humanities, Oxford Brookes University; 2003.

Ward L. *The right to choose: a study of women's right for birth control provision*. Unpublished D.Phil thesis. Bristol University; 1982.

Conference Papers

Davies C. *Revisiting Rewriting Nursing History*. Conference paper presented at The Mandec Centre University of Manchester 'Nursing History: Profession and Practice': 18th November 2005.

Video Recordings

Marie Stopes: A secret life. Channel 4 TV Praxis Films and Soul Purpose Productions; 1995.

Out of the Doll's House: Part 1 Motherhood: BBC TV; 1988.

Out of the Doll's House: Part 4 Mustn't Grumble: BBC TV; 1988.

Out of the Dolls House: Part 8 Breaking Free: BBC TV; 1988.

Yesterday's witness: Birth Control in the Twenties: TV; 1969.

Personal Correspondence

Susan McGann Archivist Royal College of Nursing Edinburgh. (2001)

Transcripts

Yesterday's witness transcript: *Birth Control in the Twenties*: 1969.

CD-ROM

A dictionary of occupational terms: occupations in the nineteenth and early twentieth centuries; based on the classification of occupations used in the Census of Population, 1921. Milton Keynes: Open University OSFACH Research Group; 1998.

Internet

[http://www.familysearch.org/ Latter Day Saints](http://www.familysearch.org/LatterDaySaints)

<http://www.1901censusonline.com/>

<http://www.freecen.org.uk/>

www.ancestry.co.uk

<http://www.eastlondnhistory.com/sylviapankhurst>

[http://www.abertillery.net/museum/newsletters/may 2007](http://www.abertillery.net/museum/newsletters/may2007)

[http:// www.caravanclub.co.uk/News+events/The+Centenary/History of the Club](http://www.caravanclub.co.uk/News+events/The+Centenary/History+of+the+Club)

[http://www.uk-sands.org/Support/A-bereavement-journey.](http://www.uk-sands.org/Support/A-bereavement-journey)

<http://www.adb.online.anu.edu.au/biogs/>

<http://www.eugenics-watch.com>

<http://www.adb.online.anu.edu.au/biogs>

<http://rcnarchive.rcn.org.uk/>

Keats Rohan K. *Progress or Perversion Current issues in prosopography: An introduction.* Accessed on line at <http://users/x.ac/~prosop/>